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The American Nurses' Association Today[1]

BY S. LILLIAN CLAYTON, R.N.

I AM particularly glad to meet you here at this twenty-sixth convention of our great organization.

It is a real privilege and pleasure to meet in this delightful southern city, where both consciously and unconsciously, we shall be partaking of the wonderful hospitality concerning which we have heard so much. Both your city and state are renowned for so many of nature's beautiful and useful gifts, that it is small wonder if these virtues have found their way into the hearts of the southern people which, overflowing, makes possible such a welcome as we are receiving. To you, the nurses of Kentucky, we extend our most grateful appreciation.

There are many subjects pressing us for discussion; each of us has so many needs to be met, and we have come as individuals, and as members of groups for the stimulus that we are sure to receive. We come here with such a keen interest in so many important phases of our great profession, that we are fairly bewildered when we actually grasp the fact that the program prepared for us does almost literally touch upon all these needs of ours. As to the method of really making this program our very own, to take home with us and pass on to the group we are representing, this is, of course, the problem of the individual nurse.

You will not be able to do it as satisfactorily as you desire, and because of this, discouragement may come. Do not allow the bigness of the convention, and its richness of opportunity to have this effect upon you. Select from the program the particular interests of the group you are representing, and emphasize these in as many ways as possible, remembering that "education is largely a matter of emphasis."

From the standpoint of the Organization, I desire to present to you a picture of its relationships, of some of its accomplishments during the past two years, and some of the questions that together we must meet, and for which we must find an answer if the American Nurses' Association is to continue to carry out the purposes that brought it into being.

When going to the several states during the past two years, I have been increasingly impressed by the splendid work done by the local and state associations, and by the effort that is being put forth by them to carry out the recommendations made by the

[1] Address read by title only, to House of Delegates, Twenty-sixth Convention of the American Nurses' Association, Louisville, Kentucky. Read at the Private Duty Section, June 5, 1928.

national body. At times, I have wondered how so much could be accomplished, and have asked myself why they have had such faith in the parent body, as to cause them to be so willing to put forth such effort. An affiliating student nurse gave me the answer, without realising in the least that the answer to this examination question meant more to me than any other answer. She said she "looked forward with great dread to the time when she would complete her course in the school of nursing and go out into the community, leaving the friendliness of her school behind, but that now, since she knew something about the American Nurses' Association, she no longer had that dread, because she would go from the friendliness of the school, into the friendliness of the American Nurses' Association." That was the answer to my own question, regarding the source of the spirit found in the work of the state associations. "The American Nurses' Association has grown out of the needs of the individual nurse." It would never have been started, nor would it have been continued all these years, had there not been a necessity for it. Its objectives consider the individual needs as they exist, and look forward in anticipation to future needs. The American Nurses' Association has taken into account the condition of the age, and has been forward-looking, so that the needs of the individual, and of the group have been thought of, and planned for, before the need became a conscious one to the group mind. Surely all of this spells friendliness in the truest sense.

As we look back over the years, one great fact stands out very clearly. The continuity of effort and achievement. Every year sees the problems of the various parts of the country brought to our local, state and national meetings, always one hears the careful deliberations, realising the time and effort that are put into the study of these problems of the various committees, realising that the effort put forth, and the recommendations made by one group, are carried on to the next, that the effort goes on and on, that in every generation, new workers come to the front, but always with the same desire—to serve the good of the whole by meeting the need of the individual, and through the group and the individual—the citizen.

Mistakes will be made, misunderstandings will arise, but always, underlying all, is this great spirit of unity and willingness to lay aside personal desires for the strengthening of the "Spirit of the Hive," as Maeterlinck so wisely terms it.

A statement made by the President of the American Nurses' Association can only be in the form of references to the subjects to be spoken of, as all of these activities will be reported upon very fully by the respective chairmen of committees and sections. In making a study of the reports sent to us by the Director at Headquarters, we realise that a great deal has been accomplished during the past two years, in continuing to make very close connections between the states and the Headquarters. In the past two years, the problems arising from the changed conditions influencing the work of the private duty nurse have made heavy demands upon the parent organisation in interest, time and money.

In the wise solution of these problems, to the best interest of all concerned, lies, we believe, our greatest usefulness at the present time, to the patient, to the nurse, and to the physician.

The Grading Committee is assembling valuable information which you

can use, but you must not think it can be used only by the large organization in your interests. You must familiarize yourselves with this information, and acquaint every one in your locality who has any interest in these problems either as a consumer or a professional worker. And if you do not find interest, create it, so that in your locality, a nursing service may be established to be available for all who need it, in such form as can be paid for.

It is not the policy of the American Nurses' Association to support legislative matters, except as they are particularly related to nursing and health problems. It has, however, used its influence to gain support for the Education Bill, for the creation of a Department of Education with a secretary, in the President's cabinet. This kind of legislation has been sought for some time, and we have been glad to urge its support by sending communications to the Congressmen, and by supporting it in our official organ. The American Nurses' Association cannot fail to take an active part in anything so fundamental to good citizenship, and to our own profession, as H. R. 7, the bill introduced by Congressman Reed.

Our effort to serve the states has resulted in a great increase in correspondence, a large part consisting in giving information concerning organization problems. The interviews at Headquarters show an interesting and significant trend. Visitors from at home and abroad, singly and in groups, state and local officials, lay people and professional—all coming to the American Nurses' Association for advice and guidance. Through both correspondence and interviews, requests for information as to meeting the need of patients, nurses and doctors, run like a constant refrain.

The field work has been extensive—Miss Geister and Miss Clapp have attended many meetings, in any part of the country, while Miss Deans in the west has worked constantly to assist the nurses both as individuals and as groups to meet their various problems, as she so well can do because of her sympathetic understanding of the needs.

One of the most helpful contributions to the states, has been the compiling of a compendium, the material covering the rulings on organization matters, answering written questions and arranging these in loose leaf form so that newer needs making changes necessary, can be readily corrected. Copies of these have, during this convention, been given to every state president, to be transferred by her to her successor, and to be the property of the American Nurses' Association. It is hoped that this material will eventually form the basis for the American Nurses' Association Handbook, and that it will help the presidents to carry out the policies of the organization, and help them to help the individual nurse. Work on the 1928 edition of the Accredited List of Schools is under way.

Many new committees have been appointed, and all of these reflect the needs of the states, and indicate a growth of the National. I wish there were time to enumerate these committees, and tell of their work more fully than even the secretary will be able to find time for. I do, however, urge that the delegates pay special attention to the reference made to the activities of these committees when the secretary shall present her report. Such work makes us realize that we are part of a very great whole.

Our membership is a matter of great import to us. In 1926, there were 58,000 members. In 1928 there are 70,118, a growth of 13,000 nurses in

two years. This is a great gain, you will say, but we are told by Dr. Burgess that we have 200,000 nurses in the country. The question confronting us is—Where are the 129,882? Do we need them? Do they need us? Have you any responsibility toward the answers to these questions, and if so, what do you consider this responsibility to be?

The Relief Fund is a vital matter to every nurse. An analysis has been made of our present plan of giving relief, and an effort made to determine whether our present plan, to be of assistance to our membership during their illness, is the one best suited to their interests. The details of this will be given to you, and we hope that you will all be keenly interested. As a friend, the American Nurses' Association recognizes its responsibility to provide leadership in thought along this line. Much has been written concerning the so-called Harmon Plan of providing annuities for nurses at their retirement age. You are familiar with the statement prepared by Miss Hall relative to the findings of the Joint Committee appointed by the three national organizations to study the plan.[3] I should like to quote from the summary of that statement so that the nurses of the country may call to mind at this time, the position taken by the committee, and later approved by the joint boards of directors:

> If the endorsement of the nursing organizations is to be secured, any plan must be sound, that the officers of the organizations can recommend to their own members without hesitation, not only the principle, but the details of the plan:
>
> 1. Such a plan must not jeopardize the relation between the nurse and the public.
> 2. It should be available equally to nurses doing all types of nursing work.
> 3. It should provide not merely a retirement fund, at a definite age, but should safeguard to the individual nurse her payments into the plan, as savings with interest, if she be forced to withdraw before the retirement age.

To this statement, I should like to add that Mr. Harmon is still eager to assist in this project, and the committee has not been dissolved. We are in direct communication with Mr. Harmon through his secretary, Mr. Coddington, and Dr. Haven Emerson. We have at all times kept three very important thoughts in mind:

1. The need of the nurses for some project of this or a similar nature.
2. The importance of studying the plan most carefully, so as not to commit the nurses to any plan unwisely or hastily.
3. The great importance of not closing the door on the future development of the plan.

We have, as you know, a Committee on Insurance. The chairman will have a very important report to make. We must bear in mind the great responsibility we have as individuals, and as groups, to plan wisely for sickness and retirement. This is a personal obligation and a civic duty. Much will be brought to us during the week from persons who have devoted time and intelligent study to the problem. We should think carefully of the information presented, and consider wisely such recommendations as are made.

Two years ago, the American Nurses' Association assisted in carrying out the recommendation of the Sesquicentennial Committee by contributing time, interest and funds. An exhibit, showing the field of nursing, was, as you know, prepared by Mrs. Stella Boothe Vail, and used with great success during the months of the life of the Sesquicentennial. We believed that it would have real publicity value. It has more than served that purpose, for it has traveled from coast to coast, and from north to

[3] *American Journal of Nursing*, June, 1927.

south, proving to be of educational worth. We cannot think of this exhibit, without pausing to pay tribute to the one who created it for us—Mrs. Stella Boothe Vail. In the Academy of Medicine, New York City, a portrait of Dr. W. H. Park has been hung. The thought behind this act was Mrs. Vail's. The joint boards contributed $200 to this fund from the Sesquicentennial Fund, and it is known as the Stella Boothe Memorial. Our contribution was received too late, as the amount for the portrait had been oversubscribed. It was suggested that the amount be used for a book fund in memory of "Stella Boothe Vail." A word of tribute to this member of our profession should be paid, for not only her art, but her fine spirit of service, during the summer of 1926, was an interpretation of the real meaning of nursing.

The Digest of State Laws is being revised by the Librarian of the State Library of Wisconsin. This work is done for us free of cost. This is a valuable service and greatly deserves our genuine appreciation.

Our financial responsibility is great. Our Treasurer and Finance Committee are painstaking and wise. We have, however, at their request, appointed the Farmers' Loan and Trust Company to advise them on investments, as the guidance thus provided will give them a greater measure of confidence.

Because of the important place our organization holds in relation to community interests, it must be closely connected with many other national groups. This necessitates sending representatives to the various meetings of these groups, making possible a mutual interpretation of function, accomplishment and growth. When you hear the reading of these reports of our representatives, try to realize with pride and humility just what our part as individuals should be, personally and professionally, if we are to hold on to the position we have gained, and continue to go forward as community and professional needs develop.

Our predecessors have been standard bearers, and this brings us to the work of another important committee—that of Ethical Standards. The committee expects a great deal of discussion of the code that it has prepared. We are told by some teachers of philosophy that ethics is no longer needed nor understood. Call it by whatever name you wish. The definition given by Miss Addams in "Democracy and Social Ethics" is as true today as it has ever been:

> Ethics is but another name for righteousness (or right doing), that for which men and women in every generation have hungered and thirsted, without which life becomes meaningless.

Dr. Cabot's "Fundamentals on Which Modern Nursing Ethics Meet" may cause us to stop and ask ourselves if perhaps one of the reasons why the American Nurses' Association has been a friend to the individual nurse is not because it has been founded on these fundamentals. Quoting them for you, they are as follows:

1. Make clear your agreements.
2. Keep your agreements.
3. Improve your agreements.

All friendship is a tissue of unspoken agreements to which good friends are faithful.

Let us take the problems of this committee very seriously. The assistance of their study is needed.

There will be presented to you a report of the Interim Meeting of the International Council of Nurses that was held at Geneva, July 25 to 31, in 1927. I shall not, therefore, do more than refer to it at this time. It is with

real sorrow that we have read in our *Journal of Nursing* of the loss of some of our most earnest workers from that organization: the Baroness Mannerheim, who was its presiding officer at its last regular meeting in Helsingfors, Finland (her graciousness will never be forgotten by those who were privileged to see her); Sister Agnes Karl, so long the leader of nursing in Germany; and then Flora Madeline Shaw, a great Canadian, whose gracious presence will be sadly missed at the Montreal meeting to which she had so eagerly looked forward.

To these leaders in nursing, the nurses at home and abroad owe much, for the uplifting of nursing in one place, is bound to raise the level everywhere.

Every state should look forward with great eagerness to and do much planning for the meeting of the International Council that will be held in Montreal in 1929. An International Hospital Association has also been formed and will hold its first meeting next year in Atlantic City in conjunction with the annual meeting of the American Hospital Association. I hope that many of you will attend both of these meetings, and that you will have the experience that I had at Geneva—that the meeting will renew ideals, strengthen discouraged delegates, and give to all the countries represented, something truly worth while.

I returned from Geneva with faith 100 per cent strong in the principles for which the International Council of Nursing stands:

> Self-government of nurses in their associations, and raising ever higher the standards of education, professional ethics and public usefulness of its members.

I have made an effort to touch upon some of the facts in the life of our Organization that would be of interest, and that would help us all to realize something of the tremendous responsibility we, the American Nurses' Association, carry. In order to continue the carrying of this responsibility, we must look forward to our program for the next year. There are so many important activities for us to consider, but first I should like to remind you that, early in the year,[1] eighteen nursing leaders stated that publicity, or giving the story of nursing to the public, is one of the largest tasks confronting us; in other words, placing the emphasis upon the various phases of this profession of ours, so that it becomes a real educational campaign. What is the story of nursing that we are telling people? Are we understanding our own problem sufficiently to be able to interpret it to others? Are our patients, our doctors, our hospitals, understanding our profession and the problems surrounding it, because we are giving the proper interpretation? Our Director at Headquarters has been telling the story of nursing by means of radio talks. She tells me her story has been the old, old story of nurse, patient, home and the home problems involved, and as a result, she knows the public does like nursing.

We must be actively interested, ourselves, in our profession. We must get a picture of the whole situation, nursing in its relation to the past, present and future—our relation to the patient, to the doctor, and to the community. There has never been a time when it was so necessary for the individual nurse to be able to interpret her own profession and her place in it, as at the present time. The report just coming out by the Grading Committee will help us do this. Let us be responsible for reading this

[1] *American Journal of Nursing*, January, 1928.

report ourselves, and for giving it to a patient and a doctor. This will be a concrete form of publicity in which we can all help.

There are further needs of our Organization, each one of which I should like to enlarge upon, but time will not permit: a legislative secretary, more field workers, greater facilities at Headquarters to gather information. We are not truly a profession until we have some research work to our credit—research work in our own field. A registry study is needed. A membership campaign should be launched. Every group should consider the importance of developing leaders. Find some one in your own locality with native powers of leadership, then do everything you can to help in her development, and if such a one be found, let her assist in the development of her own abilities by never refusing to accept the responsibility placed upon her by the members of her group, and having accepted it, to carry it through to completion. Let her not be afraid of failure. Last, but most important of all, let us remember that nursing was introduced in this country because patients needed nurses. Patients need nurses today. The need is not being met. Here Dr. Burgess again tells us that the failure to meet this need is not due to shortage. What are the reasons? If we are emerging into a profession, or if we have emerged, let us remember that the fundamental principles of a profession are the ability to assume individual responsibility, and having altruistic motives. If nurses met the needs of patients fifty years ago because they believed it to be their individual responsibility to do so, and if their altruistic motives led them to assume that responsibility, what are the causes preventing our profession today from accepting these same fundamental principles? If we will earnestly seek the answer to this, we shall find it, and in finding it, we shall serve our patients, our profession and ourselves.

THE attitude of the nurses towards social science has been all along a reflection of the medical attitude towards that topic. It is now over fifteen years since the medical profession began to wake up to the fact that treating the patient within the hospital walls of house service or dispensary is quite inadequate without some knowledge of the home and working conditions in which he got ill, and the conditions to which he must go out on leaving the hospital. To meet this demand for a better understanding of the powerful social conditions contributing to every phase of poor health, there has grown up within the hospital family the institution of hospital social service. From the quiet initiative of a few pioneer workers, such as Drs. Charles Emerson, Adolf Meyer, and Richard Cabot, back in the early nineteen hundreds, we have now no large hospital in the United States without its social workers in departments of medicine, surgery, pediatrics, tuberculosis, psychiatry, etc.

The pity of it is that the pupil nurse in training sees so little of their work. To her, Mrs. Jones is still a cardiac, or a nephritic, or a gastric ulcer, with her special treatments and diets, by virtue of which and the grace of God, she is discharged eventually as improved, well, or unimproved. The larger health problem of the patient as a human being in her setting of life story does not find its way into the formal facts of "present illness."—Esther Loring Richards, M.D., before the Visiting Nurse Association of Chicago.

American—100 per Cent

By Jessie L. Coman, R.N.

BENDING over the sink to let the rain water drain off her hat, the nurse comments upon the vagaries of Chicago weather. The head of the house remarks that this is not like Italy. "Much sun shine there—"

"And yet you like it better here?"

"Oh very much—I never go back to Italy."

"How long have you been in this country, Mr. D.?"

"I came here when I was a boy sixteen year old." (He is now thirty.) "I have a brother in Philadelphia—he say to me come to the Uni State—so I come. My brother go back for a visit—and never come again—he was arrested because he left Italy when he was old enough to serve in the army, and so when he come back he have to serve—later he die.

"I do not want to serve in Italian army—but I go for America (proudly) I am a citizen—I have papers. Five years—I in France. My mother write me to desert and come home, but I would not do that—I want her to come to America with my younger brother. I save and save, but not enough—I want to borrow, but who has money in the army? Finally a sergeant say he will let me have $90 and charge me 40 per cent—I borrow the money and send it home—when my folk say yes—but they keep the money and never come. That is not right—that is American money and should be spent in America!

"When I get out of the army—no work—I have an uncle in N. Y.—not a close uncle, but we are acquaint. He say he will lend money and I come to Chicago April 6—on April 11 I get a job, and in three weeks pay back.

"After awhile I write my mother again—I want my brother to have a chance. She say my father has dead—but she and my brother will come—I get all the papers—send her the money—and she not come—she spend money. Is that right? No! I say "to heck"—I will never as long as I live send her money made in America for her to spend in Italy—America give me a job—I will spend my money here—America give me a chance.

"Italy is a lovely place—but it is no place for poor people. A lovely place to see—but there the rich people hold their money—have big places and do not care for poor people. All farm land in Italy—beautiful—No factories there as here, but in this country a man have a chance.

"Oh, yes, I like it here—I will never go back—we do not have opportunities for education, for health, for anything like we have here. No nurse like you—no association like yours—in Italy my baby would grow up a cripple—because I have no money to get the arm fixed—"

"Wasn't it very hard to learn the language?"

"No—I have a little education in Italy and I soon learn to read and write English—but *speak*—that is the hard—in Italy we sound every letter—we speak slow—here" (arched eyebrows and a wave of the hands were expressive). "I buy books and I try—but I speak very poor English, but I *read* and *write* more—my wife here six years—she is 'shamed and gets tired of trying—but we are *Americans*—we will learn!"

A beautiful tribute to our country has been given, and our nurse is impressed. Strapping up her bag she prepares to leave, glad that she lives in a land where there is a "chance."

Adult Education[1]

By Charles H. Judd, Ph.D.

THERE is a striking parallelism between the problems which confront the members of the nursing profession and those which confront the members of the teaching profession. I suppose it was a recognition of this fact which led your officers to import for this occasion a speaker whose direct contact with your particular types of activity has been very limited. I was not conscious myself of the close family resemblance between our two professions until I began to read some of the recent reports prepared by the *Committee for the Study of Nursing Education* and by the *Committee on the Grading of Nursing Schools*. As I read these reports and as I became somewhat more intelligent about nursing under the instruction of my colleague, Miss Wolf, and of my long-time friend, Mrs. Burgess, I began to realize that your profession, like the one which I represent, cannot fulfil its mission in the world unless it can find some way of extending its influence beyond the immediate routine ministrations which are its first and most obvious duties.

You are charged with the care of the sick. Teachers are charged with the responsibility of training children. But if care of the sick and training of children are to become entirely effective, they must be performed in such a way as to make the whole community intelligent. Nurses come in contact with members of the family, and teachers come in contact with the parents of pupils. Nurses will be most successful if they know how to deal with both patients and families just as teachers are most effective when they know how to deal with both pupils and parents.

We may pause to exchange some words of professional sympathy. I have observed in certain schools at certain times activities of parents which were of a type to lead teachers to judge that perhaps their most difficult task is to make parents intelligent. A teacher often has to exercise the highest type of professional patience and to concentrate vigorously on the thought that parents mean well whatever they do. I am sure that you understand because of your experiences both the difficulties and the importance of administering adult education under these conditions.

However difficult the task of performing the double duty of caring for our immediate charges and for the larger related public, we must marshal our professional energy to its execution. In so doing, it is essential that we undertake the work that lies before us with our eyes open to the complexities of the situation. The first elements in the situation are our own professional groups. We must ask how far the members of these groups are equipped to become agents of society for the discharge of a double duty.

The teachers in the schools of the United States are, as I judge the nurses are also, a heterogeneous group of workers equipped with every grade and variety of training. There are teachers who speak the English language with a degree of correctness far below that which is desirable. There are teachers whose training has been superficial and meager. There are teachers who know very little about the institutions which dominate modern life. I might go on describing those at the bottom of the scale. On

[1] Address given at the opening joint meeting of the national organizations of nurses, Louisville, Ky., June 4, 1928.

the other hand, there are fortunately in the teaching profession many who are competent representatives of the highest culture. These teachers have been in contact with the world's art and science and they understand and sympathize with the activities of industry and commerce. I am sure that with nurses as with teachers there are so many grades of equipment that one must always recognize, in speaking of the profession, its composite and unstandardized character.

When one thinks of the lack of real preparation which is exhibited by some of the members of our two professions, one immediately begins to ask how the situation is to be remedied. There are certain very fortunate circumstances in present-day conditions. There are in the larger centers of population enough applicants for admission to our professions so that we can begin to raise the standards of admission and the requirements of graduation from training schools.

There are serious impediments, however, to the establishment and maintenance of standards. There are a great many persons entering our professions who are only transient members. I realize that we live in an age when it is not popular to discriminate between men and women. The fact is, however, that any profession, the ranks of which are filled largely by women, is going to have difficulty in maintaining its equilibrium. There are, so far as I know, no professions other than those of teaching and nursing which are so largely disturbed by early withdrawals. There is, indeed, in some quarters evidence that many young teachers and nurses enter these professions with the explicit intention of early withdrawal. Women have not become a dominant factor in the medical profession or in engineering or in journalism or even in the management of commerce and industry. I know that there are some who hold that the processes of social evolution will shortly change all this. Personally I find it difficult to picture great business responsibilities or responsibilities of government and engineering as passing into the hands of women. There is a demand for continuity and stability in most of the professions which cannot face the shock of withdrawals which the teaching profession and the nursing profession experience every year. There can be no rational escape from the conclusion that both of these two great women's professions face a serious problem in attempting to elevate standards.

While we are enumerating our handicaps, we may as well face frankly the further fact that we do not agree among ourselves as to the proper course of training which we should administer to novitiates. Teacher-training institutions are now engaged in vigorous discussions and in experimentation on a large scale in the effort to determine what shall go into the training curriculum. I judge that your profession is engaged in the same type of experimentation and that you suffer from much the same kind of bewilderment. I gather from what I read that you have the added difficulty that your training schools extract an amount of service from nurses-in-training which no teacher-training institution would venture to demand.

Enough has perhaps been said to make it clear that our professions have to attack their double task of routine duties and of training the community with serious handicaps. It is easy to say that we must overcome these handicaps by selecting only the most competent candidates and that we

must give all who enter our professions a broad training. The fact is that the easy general formulas will not solve our difficulties. The services rendered by teachers and nurses are required on such a large scale by modern society that a vast number of persons must be drawn into these professions. The selection is by no means as drastic here as in the case of medicine or engineering or law. The consequences of this widespread demand for teachers and nurses are evident. There will be—as indeed there is—very general tolerance for mediocrity, and very general acceptance in an emergency or in what seems to be an emergency of only partially qualified persons. Society will fit its demands to the existing supply more complacently than in those more highly selective choices which it exhibits in the other cases where the services of the other professions are less frequently required.

In situations such as those in which our professions find themselves, there must be provided substitutes for individual efficiency. I hasten to qualify this statement. There is, of course, no possible justification for relaxation of effort in removing so far as possible any deficiencies which exist in the training of individuals. What I am trying to say is that the profession as a whole must come to the aid of the individual with devices which will make that individual more effective than he or she would be if operating in a purely personal way.

Let me illustrate what I mean. The profession of teachers puts into the hands of an individual teacher a textbook. The textbook is the embodiment of the experience and skill of some superior teacher or group of teachers. By supplementing personal energy and professional ability with textbooks the teacher can achieve results which would be utterly impossible if the individual depended merely on personal resources.

In the sphere of adult education, the teaching profession is coöperating with the library. Teachers are training communities to understand the possibility of using reading in order to secure help whenever one needs it. Formerly pupils learned to read but did not learn to use reading. The result was that adults were much less conscious of the possibilities of using reading for self-improvement than they are today when the conception of a life-long process of education is being vigorously cultivated by educators in the schools and related educators in the libraries.

Again let me attempt a somewhat more elaborate illustration of the way in which the profession aids the individual. We have come to recognize in teaching the absolute necessity of bringing experienced teachers back into training institutions after they have been out in the field. Today all progressive teachers come back to normal schools and colleges for what we call continuation training or training in service.

It used to be commonly accepted in theory and practice that a teacher who had secured her license had a right to suspend all study. The normal school used to prepare teachers in full and send them out to spend the rest of their days asserting their right to be recognized as teachers. The day has passed in education when a teacher can depend on her initial preparation to carry her through life. At the present time we persuade, we compel, we induce, we encourage by rewards or threats every teacher to keep intellectually alive. We go so far as to issue temporary certificates which terminate when the training which they represent begins to be antiquated. All over the country we

have opened summer schools for teachers; we conduct Saturday classes and evening classes. We persuade boards of education to act. We get state departments of education to pass regulations. If there is anything which the educational profession is not doing to keep itself on the move, we shall be glad to know it and we will guarantee that information as to new devices will be used in a number of the leading school systems of the country immediately on its receipt.

I cannot report this movement for continuation training in service as entirely popular in all quarters. Since the beginning of the world, there have been those who have loved sleep better than progress. I can assure you, however, that nothing ever happened in education that was better for pupils and for the achievement of excellent results than this same continuation training of teachers in service.

I venture to advocate that the nursing profession give up the doctrine that a nurse is forever competent because at one time somebody put on her the stamp of approval as a graduate of some more or less adequately equipped training school. I shall not attempt to say that every nurse should be obliged to come into a training school for one month in the year in order to make sure that she has not contracted intellectual coma, but I am willing to assert that some continuation training in service for nurses would promote the well-being of the nation.

From the point of view of the training school itself, I can think of nothing that is more likely to keep it in touch with practical needs than this periodical homecoming of its own graduates and the graduates of other schools.

I suppose someone will say that what I am suggesting is a financial impossibility. It will be pointed out that teachers all have their vacations at the same time in the year and that they receive sumptuous salaries as compared with nurses. I am not at all discouraged by a recital of these difficulties because I heard it said a few years ago that teachers could not be induced to continue their studies. What was necessary in education was the clear demonstration of the advantages of continuation training and the movement began.

I shall not assume to know how you can overcome the administrative difficulties in the way of a program of training service. I read in your literature that nurses are not continuously occupied. I do not read about any general provision for profitable use of the periods of release from duties. It is not difficult if one lets one's imagination run to devise a number of very interesting ways in which nurses might be helped to continue the refinement of their professional training in unoccupied periods.

I do not know whether the topic which was assigned to me was intended to cover the education of those adults who are in our professions. I think it is worth while to point out that the movement for adult education in this country is not merely a movement to rescue those who have arrived at mature years in ignorance. Adult education includes continuation training of professional groups. The medical people have organized short courses; business experts have organized conferences. A great many types of correspondence courses have been evolved in response to the demand for ever-increasing education. Not long ago one of our great universities advocated at a gathering of its alumni a movement to keep university graduates in perpetual attendance at the university.

Of course if you bring nurses back

for continuation training, you will have to accumulate something which it will be profitable for them to study when they arrive. I may testify for your encouragement that nothing has ever happened to the teaching profession which has been more advantageous than that which has resulted from the fact that teacher-training institutions now have to face experienced teachers. Much of the renovation which is going on today in courses in methods of teaching is directly traceable to the necessity of facing real problems and attempting to solve real difficulties.

I cannot assert without liberal reservations that the teaching profession has all the information which is necessary to give continuation courses to mature teachers, but I can report to you that our profession is on the way to the development of much useful material. It has learned that the scientific study of educational problems yields material which is stimulating and useful to a degree which more than justifies the effort expended in such study. We are encouraged by past results attained to go forward with a vigorous scientific attack on all educational problems.

So committed is the teaching profession to inquiry into every detail that we engage sometimes in discussions which it is difficult for outsiders to recognise as worth the time of public servants. For example, some of our group became greatly concerned a little time ago as to the best way to add a column of figures. Should one add upward or downward? Ask the ordinary citizen and he is likely to say that it makes absolutely no difference. If it can be shown, however, that there is even a slight economy in one method of adding or the other and if it is kept in mind that there are twenty million children in school, many of whom are doing some adding each day, and that there are a vast number of adults who have to add upward or downward, the question of which is the better method of adding begins to take on a scientific importance akin to the importance of taking a curve out of a much traveled road. There is, after all, no phase of human life that is too insignificant to be studied. If a professional group which has to do with human beings can be made to see the importance of directing its activities by sound and firmly established scientific findings, then a new era of rationally organized methods will appear.

It is safe to say that the last twenty years have seen more progress in methods of training the human mind than was ever made in any earlier century of the history of the race. Educational methods have been studied minutely and extensively. Nothing has ever done so much to bring together and elevate the teaching profession as the recent study of its problems by methods of a strictly impartial and scientific type. Nothing has ever done so much to release teachers from sheer routine. Nothing has helped teachers more in acquiring a broad view of education and in extending their influence throughout the whole community. I ought perhaps to add that scientific studies have been made not only of such details as the direction of adding columns of figures, but also of the most economical methods of reading and of the most successful methods of arriving at general ideas. The science of education has evolved methods of measuring and comparing the results of the various ways of teaching foreign language and of organising demonstration lessons in science. In short, there is hardly a phase of school work, whether obviously important or seemingly trivial, which has not been made a subject of

painstaking experimental investigation by someone who is concerned with the advancement of the science of education.

The kind of scientific information which is arrived at after long continued examination of practice not only changes actual practice, it changes the whole spirit and temper of those who become imbued with the idea of scientific study. Teaching used to be a kind of ritual regarded by its devotees with superstitious awe and taken up by the novitiates with a kind of reverent regard for ancient forms. Today there is a freedom of experimentation and a frank rejection of dogmatic cant which may sometimes be extreme, but are on the whole exhilarating and indicative of a healthy intellectual condition and of a sanity of thinking which promise much for the profession of teaching.

One of the important results which has come from the systematic scientific study of educational problems is that the teaching profession has gained a confidence in its methods of operation which makes it possible to deal much more effectively than was formerly possible with the public. Teachers can today make assertions about the results of school work with a degree of confidence which was utterly lacking before scientific studies had been made on a large scale.

Not only so, but equipped with standards of achievement and with insight into desirable intellectual methods of operation, it is now possible for teachers to extend with assurance their operations into the realm of adult education of the more remote forms. If a man wants to know today whether he has good or bad reading habits, we can tell him and we can give him some help in improving his habits. If an adult wants to know what are the comparative possibilities of learning early in life and in the later mature years, we can give him a very encouraging answer. If one wants to be tested for certain forms of general ability or for certain types of technical skill, we are in possession of adequate methods to meet his needs.

It is proper to add also that more efficient methods in the schools have advanced pupils so rapidly in intellectual life that many a parent has been stimulated to take up anew the studies which were only partially mastered in earlier years.

I have perhaps gone too far in discussing the efforts and accomplishments of our profession. I have been attempting to make the point that where individuals are not able to meet a situation because of limited personal abilities, professional groups must come to the rescue. Through the coöperative investigations of a large number of people devices can be perfected for achieving results which no isolated individual could reach.

I have been greatly impressed by reading the material collected by your committees, especially by the Committee on the Grading of Nursing Schools because I see in this material a manifestation of exactly the same spirit of scientific inquiry that has elevated the work of teaching. Some people may not understand at first why so much energy should be expended in finding out what patients think of nurses and what doctors regard as the chief virtues of good nurses. In due time it will be realized on all sides that it is this direct empirical attack on the problems of the profession which is going to bring to the help of the individual the collective resources of the profession.

If there is anything that I can say to encourage you as a group to give the time and energy of your best

people to such studies as you have inaugurated, I am anxious to make this contribution to your deliberations.

It may be impertinent for me to attempt to go further than to draw the general analogy which I have attempted to point out between our two professions. I shall, however, trespass on your hospitality far enough to offer one or two concrete suggestions in order to make my argument as clear as I can.

Many of you go into homes where there is a high emotional tension growing out of the conditions which the family faces. Would it not be well somewhere along the line of the training course given to nurses to introduce some scientific information about the nature of emotional tensions? I am not making a plea for the teaching of a formal course in psychology. I am arguing for the presentation of practical simple information about what happens in a human nervous system and in a human body in emotion. I know of no greater service or more humanitarian service that could be performed for society than to have a well-trained group of nurses prepared to teach people how to behave in those emergencies in which excitement is a major factor. If nurses did nothing more for the families of patients than to teach them how to behave under tension, the education of adults would have made great progress in this country.

Another concrete item which is suggested to me out of my experience with schools is that most families need a firm guiding intelligence to give them help in selecting a diet of suitable materials, adjusted to the family purse. Many a family diet has been reformed through the example of good school luncheons. I am not making a plea here merely for a course in dietetics. I am advocating a course in economics. Nurses come into contact with many homes where financial considerations are important. If these nurses are really to influence behavior and especially if they are to influence behavior permanently, they must be able to deal discriminatingly with the family purse as well as with the family digestion.

A third type of intelligence which I believe a nurse should leave behind is a series of references to reliable reading matter dealing with health and personal self-management. People want to know where to get information on such matters. Witness the eagerness with which syndicated matter in the newspapers is read by the public. The well-trained nurse can do much while she is in a home by way of direct teaching of methods of hygienic living, but the lasting influence of her teaching will be greatly increased if she guides the reading which will go on after her departure.

I hope these suggestions indicate to you some of the lines along which it seems to a pedagogue you may enlarge your usefulness as a profession. You notice that I am not suggesting that you take literature or art into homes. I am sure that many a nurse has disseminated culture just as many a teacher does. I am advocating that you contribute in your way and in lines especially appropriate to your profession to the cultivation of a higher form of human response to its problems. Education of adults is a complex undertaking. Some agencies will have to devise ways of making the literary classics more accessible to all the people. Some agencies will have to train citizens in the understanding of public institutions. Nurses can, I think, by cooperative investigation learn how to carry to the people certain essential lessons of life which no other agency is fitted to disseminate.

One final comment and I am done. Nurses and teachers have made what seems to me to be a fundamental economic mistake. They have adopted as far as they have been able to do so a uniform scale of salaries. It is, of course, legitimate that our professional groups should unite in securing for our members compensations which make it possible to live, but when we insist that the partially trained and the well trained shall have the same returns for their labors, we make the mistake of withdrawing one of the strongest incentives to improvement. In the teaching profession there is, here and there, some slight recognition in a financial way of merit. To be sure the word "merit" is much hated in many quarters. The mediocre teacher does what he or she can to make it appear that nobody knows what merit is, but in spite of opposition, devices are coming to be employed to distinguish superior teachers and teachers who have profited by unusual training and to reward these by paying them on a scale which differs from the ordinary. I have no recommendations to make to you except to point out the fact that a profession which attempts to equalise compensations is more likely to be dominated by the majority than by its superior members.

DURING 1927, the Rockefeller Foundation, in disbursing from income and capital $11,223,124, (1) aided local health organization in eighty-five counties of six states in the Mississippi flood area; (2) operated an *emergency field training station for health workers*[1] in this region besides contributing toward the support of nine other training centers elsewhere; (3) assisted nine schools or institutes of public health and three departments of hygiene in university medical schools; (4) gave aid to *seventeen nurse training schools*[1] in nine countries; (5) furnished funds for land, buildings, operation or endowment to nineteen medical schools in fourteen countries; (6) supported the Peking Union Medical College; (7) paid two million dollars toward a new site for the University of London; (8) helped Brazil to maintain precautionary measures against yellow fever; (9) continued studies of that disease in West Africa on the Gold Coast and in Nigeria; (10) had a part in malaria control demonstrations or surveys in eight states of the southern United States and in eleven foreign countries; (11) aided nineteen governments to bring hookworm disease under control; (12) contributed to the health budgets of 288 counties in twenty-three states of the American Commonwealth and of thirty-one similar governmental divisions in fourteen foreign countries; (13) helped to set up or maintain public health laboratory services or divisions of vital statistics, sanitary engineering, or epidemiology in the national health services of nineteen countries abroad and in the state health departments of sixteen American states; (14) made grants for mental hygiene work in the United States and Canada; (15) provided funds for biological research at the Johns Hopkins University and aided investigations in this field at Yale University, the State University of Iowa, the University of Hawaii, the Bernice P. Bishop Museum in Honolulu, and certain universities of Australia; (16) helped the League of Nations to conduct study tours or interchanges for 125 health officers from forty-four countries, to supply world-wide information about communicable diseases, to train government officials in vital statistics, and to establish a library of health documents; (17) provided, directly or indirectly, fellowships for 264 men and women from fifty-two different countries, and paid the travelling expenses of 115 officials or professors making study visits either individually or in commissions; (18) made minor appropriations for improving the teaching of the pre-medical sciences in China and Siam, for the operating expenses of hospitals in China, and for laboratory supplies, equipment and literature for European medical centers which have not yet recovered from the after-effects of the war; (19) lent staff members as consultants and gave small sums for various purposes to many governments and institutions; (20) made surveys of health conditions and of medical and nursing education in fourteen countries.—From the Review of the Work of the Rockefeller Foundation in 1927, by George E. Vincent, President.

[1] Italics ours.—Ed.

The Nursing Care of Pregnancy Toxemias

Part II—Preëclampsia and Eclampsia Occurring in Late Pregnancy

By Paul Titus, M.D.

(*Continued from the June Journal*)

IT now begins to be apparent from certain recent research work that there is a definite relationship between the toxemias of early and of late pregnancy even though their clinical symptoms seem vastly different. Toxemia of early pregnancy is manifested by nausea and vomiting while in the later months there is increase in blood pressure, nephritis, edema, and in certain instances the convulsions of an actual attack of eclampsia. As stated in the first article, the actual origin of pregnancy toxemias is still obscure, and there have been innumerable theories as to the causation of these diseased states.

When blood chemistry studies first came into vogue, a great deal was expected of them in connection with these conditions; but to the surprise and disappointment of nearly everyone, blood-chemistry studies showed few or no changes from normal even in terrific attacks of eclampsia.

Laboratory and research work, in which there has been great activity recently, has developed several interesting facts. We have been able to show in our own laboratories that lowered blood sugar values seem to be characteristic of the toxemias of both early and late pregnancy; moreover in eclampsia we have found that series of blood sugar readings taken at short intervals of time show surprisingly wide fluctuations in the values. The convulsions are almost invariably preceded by sharp drops or falls in blood sugar and in this respect eclamptic convulsions may be compared to those which follow overdosage with insulin.

For a long time (since 1917) we have been using intravenous injections of glucose solution for eclampsia, on the general principle that such enormous muscular exertion as that seen during a convulsion must of necessity require large quantities of sugar for fuel. This recent work gives a definite scientific basis to the treatment, accounting at the same time for its successful results.

Glucose injections check and control convulsions; especially when used in conjunction with morphine and chloral; they promote diuresis; they are followed by drops in blood pressure, and a lifting of the acidosis and coma. Such prompt and consistent results have followed this treatment that its beneficial effect has now become quite generally accepted.

Care and Treatment of Preëclampsia

THE general care of a woman in a preëclamptic state, that is, with edema and headache, increased blood-pressure, blurring of vision, diminution of urinary output, and albuminuria, may be briefly outlined thus:

Restriction of salt and of protein intake, rest, and free elimination by saline cathartics are to be undertaken at once. A diet high in carbohydrates is essential, and glucose solution with fruit juices should be one of its features.

These patients do not need intravenous injections of glucose because they are able to take and retain food by mouth.

Interference with the pregnancy may prove to be necessary.

Care and Treatment of Eclampsia

DURING the active attack of eclampsia it is now an undisputed fact that the best results and the lowest mortality rates follow the so-called conservative treatment, as opposed to the older practice of undertaking active interference and immediate operative delivery of the patient. The therapeutic procedures which we now consider essential in the treatment of eclampsia are:

First, absolute rest and relaxation as produced by the administration of morphine by hypodermic injection, chloral by bowel, and magnesium sulphate solution by hypodermic or intravenous injection.

Second, the intravenous administration of hypertonic glucose solution in single doses of 75 gm. in 300 c.c. of water (25 per cent solution) at the rate of not more than 3 c.c. per minute. This should be repeated after intervals of four or five hours during the attack and for a time following cessation of the convulsions (three or four times in the first 24 hours according to the needs and response of the patient) until fluids can be taken freely by mouth.

The actual nursing care of such a patient has many important features. The patient must be isolated and kept quiet. The slightest noise may produce a convulsion until the acuteness of the attack has been checked. Immediately on taking charge of an eclamptic, the nurse should see that the patient is turned well over on her side, so that the quantities of mucus which invariably form in the throat will drain away instead of being inspired into the air-passages and lungs. A clothes pin or other padded gag must be placed between the teeth to prevent biting of the tongue during the convulsions and as quickly as possible the first dose of morphine be given (morphine gr. ¼ by hypodermic).

The attending physician will probably direct that a dose of chloral be given per rectum (avoid attempting to give medicine by mouth to an unconscious patient) and this may be dissolved in plain water or in starch water. Pressure with a towel over the anus will make the patient retain such injections.

As soon as the immediate needs of the patient have been attended to, preparation should be made for the intravenous injection of glucose solution. The actual technic of these injections is in the hands of the attending physician, but the nurse has certain duties in this connection. She must see that proper temperature is maintained by means of hot water around the coils of tubing, and if an infusion thermometer is used by being inserted into the tubing near the needle, the temperature of the injection is to be read at frequent intervals and kept at 104 degrees (F.). She should observe or assist in observing that the needle does not become displaced nor the constant flow of the solution be interrupted in any way.

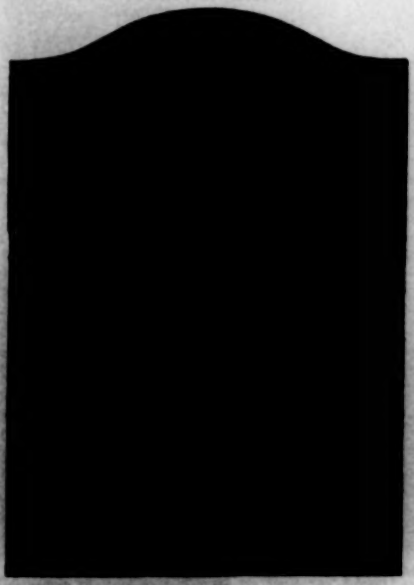
Formerly it was believed that immediate emptying of the uterus by one means or another was an essential part of the treatment of eclampsia. At present, however, the consensus of medical opinion leans toward greater conservatism and induction of labor is usually undertaken only after the patient is well over her attack and not in such acutely bad condition.

Frequently labor begins during an attack of eclampsia, and may not be discovered until well advanced because of the patient's comatose state, and the frequency of the convulsions. In nursing such a patient, one should be on the alert for the appearance of uterine contractions, "bloody show," and bulging, all of which may occur without the usual complaint from the patient because of her grave condition.

It is difficult to conceive of any condition in which active care and keen ability on the part of the nurse is of as much importance as in eclampsia. It is a fearful state to behold with its coma, its stertorous breathing, its frothing and tongue-biting, and the shocking convulsions, and to have had a real part in bringing any woman from such a state back to vigorous health is always a genuine satisfaction to any nurse.

Honor to Miss Clayton

ON May 16 there was unveiled in the new Philadelphia General Hospital a tablet to S. Lillian Clayton, Directress of Nurses which is believed to be unique in the annals of nursing. In graceful phrase on lasting bronze the graduate nurses who have been associated with Miss Clayton during her period of service in this hospital have recorded their appreciation. The speakers were Dr. Joseph C. Doane, Medical Director and Superintendent of the Hospital; Dr. Edward Parker Davis, Chairman of the Training School Committee, 1886–1924; Dr. Joseph MacFarland, the present Chairman of the Committee; Mrs. James W. Kyle, representing the Mayor; Margaret Dunlop, representing the State Board of Nurse Examiners; and Mrs. John C. Groome, Chairman of the Women's Advisory Council of Philadelphia's Department of Public Health.



CLAYTON TABLET

Dr. Doane, staunch friend and coworker through years of service, said:

> When one looks at a life of this sort, one wonders at the motive that underlies it. During the past fifteen years, I have wondered what was the magnetism that made it possible, day in and day out, year in and year out, for her to do a service so forgetful of self, to carry on without any visible evidence of what made it so, and I think I know the answer. I think I know why a life like that has been lived, and I think it is this: I think her goal, by day and by night, has been the individual patient and forgetfulness of herself. I think that has been the keynote of this person concerning whom we are talking today. I have seen her lead the sick pupil nurse by the hand into eternity, as she would lead her on duty in the ward, and I have seen that devotion to duty which one seldom sees in an individual.
>
> And I am glad to stand here today, my friends, and bear witness to these things I am telling you. One can conceive of no finer service than coming in contact with the hundreds of nurses, the hundreds of young people, over a period of fifteen years, then to conceive the widening circle of influence which is endless, and which, I think, has been one of the outstanding services which the superintendent of nurses has given to this city and to this

country. The contact with young people, and the fine impression, and the fine idealism which have been made has been something everlasting and while we have words of praise, while I may stand here in my weak way and say something, I cannot voice in words this influence. This, particularly in young people's lives, is something which will be very much more everlasting than the tablet which is here at my left—the high principles of education and the fearless facing of difficulties, because those principles are right.

Dr. Davis described Miss Clayton as a civic patriot who bore her heavy responsibilities quietly, saying that "no beat of drum, no flag unfurled, told of her battle for the right."

Miss Dunlop paid glowing tribute to Miss Clayton's influence in the local League of Nursing Education and in the other nursing organizations, including the American Nurses' Association with its more than 70,000 members, of which Miss Clayton is president. Said Miss Dunlop, of her State Board work:

We are asking women who have full-time jobs to do something that is another full-time job. When one realizes that Miss Clayton, as president of the State Board of Examiners has, for over five years, gone every month to that State Board meeting, and for the last three has risen at 4.20 in the morning and taken a 5 o'clock train for Harrisburg, getting there in time for breakfast in the station, going to the Board rooms, and then stopping for a few minutes for lunch, working all afternoon, perhaps stopping for supper and perhaps not, working until the 9.28 train, and reaching Philadelphia General at ten minutes of 1, it is not an eight-hour day. It is a labor of love. It is her idealism that enables her to do this. God has given her the physical strength to do it. Let us hope we won't push that physical strength too far, because we have a spirit willing, a spirit desirous, not thinking of self, but thinking of the goal to which we are urging ourselves.

The tablet was presented in the following words:

In order that the memory of a sacrificing life, unflinching devotion to duty, abiding compassion and tender care of the sick, benevolence and sympathy with all, may remain green in the memory of us all and of those who follow us, we, the Graduate Nursing Staff of the Philadelphia General Hospital, present this tablet to the City of Philadelphia, in honor of our Directress of Nurses, Miss S. Lillian Clayton.

To Save a Life from Drowning

NO elaborate equipment is needed to save a life from drowning—all that is necessary is to be ready to "take position and go," immediately on the patient's removal from the water. Failure to act quickly may make the difference between saving and losing that life.

The accepted method for resuscitation from drowning or artificial respiration is known as the prone pressure method. This was devised by Schafer. It is simple to learn and easy to operate, making no excessive strain on a rescuer who happens to be alone, even after hours of operation.

First. Bring the patient quickly to a flat surface, first removing any obstruction in the mouth unless it is tightly closed. Place patient face down with face resting sideways on one bent arm, allowing the other to stretch out and above the head.

Second. Straddle body below the hips, placing palms of hands on the small of the back with little fingers touching the lowest rib, and tips of fingers out of sight.

Third. With arms straight, bend forward slowly, bringing weight of body on hands with pressure on patient. This is done in *two counts.*

Fourth. Straighten up, relieving pressure. This is done in *one count* and allows air to be drawn into the lungs.

Fifth. Rest in same position for *two counts.*

Sixth. Repeat these movements rhythmically—forward and backward—timing them to about twelve or fifteen to the minute.

Seventh. Continue until natural breathing results.

Sometimes this artificial respiration is not kept up long enough. It may have to be continued for four or five hours before signs of life appear with natural breathing.

Meanwhile, if assistance is at hand, a physician should be sent for, patient's clothing should be loosened, and patient should be kept warm by using blankets or available clothing. When breathing is restored, patient may be carried to a sheltered place where medical attention can be given.—Connecticut State Department of Health.

The Gillette Hospital Swimming Pool

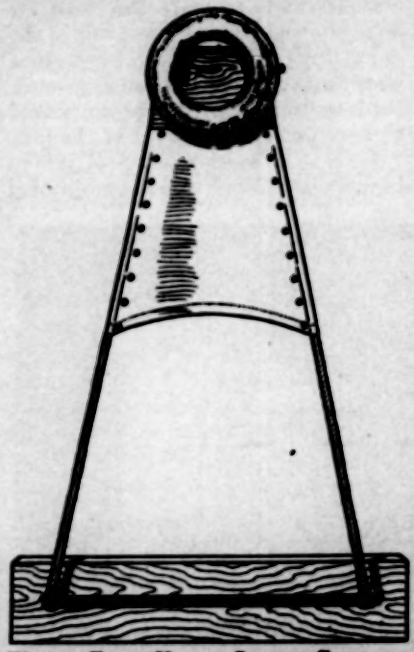
By Margaret McGregor, R.N.

At the east end of the main corridor of the Gillette State Hospital, you go through double doors into the room which houses the swimming pool given to the children through the thoughtful generosity of one of St. Paul's noble women who, during her life, used frequently to drive past the grounds of the hospital and watch the children, either at school or at play. In making final disposition of her wordly effects, she remembered our children with a gift of $5,000 with instructions that it be used for their pleasure and comfort. Following the reading of her will the hospital was asked by the husband, Mr. Bigelow, what the children would very much like to have, and what recommendations there would be for its permanent use. He was told of the swimming pool and in due time plans were drawn, submitted and approved, but it was found the expenditure would be over twice the amount of the gift. "If it is to be a swimming pool, it is to be built, completed, and the additional cost will not matter," said Mr. Bigelow, and so the pool was started and, although the contractors worked hard, the eager children thought it took a "long, long time" to have it finished, but finally the water was let in and it was ready for their use. Early in the



Gillette Hospital Swimming Pool

first week of January, 1928, the pool was dedicated with a formal service and became a part of the hospital, to be used daily by the children, and the nurses as well.



WOODEN FRAME USED TO SUPPORT CHILDREN WHO ARE TOO HANDICAPPED TO SUPPORT THEMSELVES IN SWIMMING POOL, THE GILLETTE STATE HOSPITAL, ST. PAUL, MINNESOTA

Length of frame, straight, 60 inches. Width at head, 11 inches. Width at broad end, 30 inches.

Canvas to fit frame in width-length depending on size of child. Medium sized rubber ring inflated for head rest.

Wooden bars used as floats at either end of frame. Upper wooden bar 4 x 8 x 11 inches upper margin. Lower 4 x 8 x 13 inches.

Lower bar 4 x 8 x 40 inches in length.

Wooden-frame bars, 1 inch in diameter, secured at corners by metal joints. Basswood may be used as floats.

The little girls were the first to take the plunge, but there was a row, and it has proven to be a never ending row, to take their place—little girls, big girls, little boys, big boys, those who could swim, those who could not, those who were able swimmers before they reached the hospital, those who had never been in a body of water larger than the family bath tub, all eager to go in and learn to swim, and some of them did, with astonishing ease and efficiency. And, is it by chance or not that the Indian children have marked ability in this direction with apparently little effort? For the pleasure and comfort of the children, could she possibly, either then or now, have any idea of the boundless benefit and encompassment of her gift? If so, great, great gratification must be hers.

Only two afternoons ago a boy stopped me in the corridor on his hurried way down to the pool. He had learned a new stroke and wanted to master it before going home and he was going very soon. Last evening a boy asked me—if it could be considered a question, or was it just giving out general information?—he had been confirmed in the auditorium at 4 o'clock and was going home the same night, stating it was an hour since he had eaten his supper and he wanted to go in for just one more swim before going home, because "the water in the creeks is still cold and it might be a month before I would have another chance to swim."

The student nurses also share in this pleasure, receiving regular instructions, in groups of six, for one-half hour each week.

In addition, the following receive supervised exercises and are directed according to their needs: Poliomyelitis cases, spastic paralysis, arthritis and treated congenital dislocated hip cases, under the direction of a physiotherapist who supervises this Department of the hospital.

The pool is 12 x 23 feet in size, with a depth of 2½ feet below the lower bar

at the shallower end, and 4½ feet at the deeper end. It is completely tiled, it has two intakes at the shallower end, and a central outlet at the center. The intakes and outlet are regulated while in use. The pool can easily be emptied, the walls and floor scrubbed, and during this process the anxious question is "When will it be warm enough to use again?"

Regular swimming classes and exercises are scheduled daily and in between times the convalescent patients, under observation, may swim and swim, remembering, of course, that the pool is for all and others must have their turn. The temperature of the water is varied according to the condition of the patients, 85° being the regular temperature for the vigorous swimmers and 95° for the spastic cases.

In the picture of the swimming pool is shown the type of frame in use for the patients who have markedly impaired musculature, on which they rest and exercise both arms and legs, while on a canvas support. The shoulders and back, to the waistline, are on a strip of canvas which is laced into place on the frame. The child resting on the frame in the picture is a poliomyelitis case; the one on the right of the photograph is an arthritis case, and on the left a spastic paralysis case who is recovering from a surgical operation and for whom exercises have been ordered. These and many others in the wards daily benefit by this pool. Other children in the wards are counting the time until they can do the same.

Does Mrs. Bigelow, who had children of her own, know the great benefit and comfort her gift has already brought, during these four months, to the many children who have already benefited by its use? We trust that she does.

Diagnosis—Cerebrospinal Meningitis

By Albert M. Stevens, M.D.

DOROTHY had a headache. Not only that, but her neck hurt her; it felt stiff and queer and a little crop of coldsores had come out on her upper lip. Mother wanted the errands done as usual, but when Dorothy threw up her breakfast and felt so feverish, it seemed best to walk over to the hospital and wait for their favorite doctor at the clinic.

When he came there was no time lost. She was taken into the hospital at once and put to bed in a quiet room. She heard the doctor ask about her temperature and say something about the purplish spots, like flea-bites, that had come out on the skin of her body. Then the nurse explained that she must curl up like a 'possum. That was not so easy, for her head was drawn back on her neck and her legs were stiff, too, but the nurse helped and wrapped a folded sheet under her knees and over her shoulders to keep her in position.

Then on the small of her back was daubed a patch of iodine; she felt a tiny pin-prick and said, "ouch"! "Just a minute, dear," said the nurse, "that's only the novocain to stop its hurting you." After a moment the doctor picked up a long hollow needle, fresh from the steriliser, and thrust it deftly into her spine. It was most unpleasant but it didn't really hurt and Dorothy tried not to wiggle.

Out of the needle ran a stream of cloudy fluid which the doctor caught in a test tube for examination. As the trickle slowed down, a little rubber tube was connected with the needle and through this about an ounce of warm serum was allowed to flow into the spinal canal. Then the needle was withdrawn, a dressing was strapped over the spot, and Dorothy could lie straight again. That was a relief and her headache was so much better already that she did not mind very much when the nurse put some iodine on the bend of her elbow and told her to keep as still as she could while the doctor injected the serum into a vein. It hurt a little, in spite of the novocain, but when Dorothy had had her drink of water through a bent glass tube and found an icebag tucked at the back of her head, she dried her tears and went to sleep.

Dorothy's mother was waiting anxiously in the hall for the doctor to appear. "Yes," said he, "it's cerebro-spinal meningitis; the fluid from her spine showed the organism when we looked for it under the microscope. Luckily you brought her here on the first day of her illness and I think I can promise you that Flexner's serum will save her. We mean to give her some more into the spinal canal tonight and every day for four more days, at least. Probably that will be all she will need. But I want you to give consent to a tap at the base of the brain if we think it necessary at any time. You see, the inflammation sometimes clogs the flow of spinal fluid and if the pus gathers and we can't drain it through the spine, we can reach it higher up. We can put in serum by that route, too.

"How did she get it? That's hard to say. Just now we are having something of an epidemic; they seem to come in waves every ten or twelve years. When the germ is abroad it seems to be picked up in the air we breathe, it settles on the mucous membrane of the nose and then gets into the system. If you will bring the other children it might be a good plan to take smears and cultures from their noses, just to see if any of you are carrying the germ. But it's quite unusual to have more than one case in a family.

"Is she dangerously sick? Yes, you must realize that. But we count on saving eight out of ten cases now, and Dorothy has had the serum very early in the disease. She ought to show definite improvement in a few days. Once in a while we have a case of meningitis that does not yield to standard serum. We believe that is because the child is infected with an unusual variety or strain of meningitis germs. Fortunately, we can get nowadays a special type of serum for such cases. But I believe that Dorothy's case is going to respond very quickly to Flexner's serum.

"Yes, yes, of course you can come and visit Dorothy, we don't attempt to isolate meningitis. And how long must she stay in the hospital? You'd better count on three weeks at least. It's a treacherous disease, this meningitis, and we must not take any chances. Sometimes it takes quite a while for the germs to disappear from the spinal fluid and we must be sure the infection is killed before we let her up. Then, too, we ought to have her here where we can watch for complications; sometimes the ears are involved, sometimes the joints and, less often, the eyes. But I don't mean to frighten you. Since we have been using the serum we don't begin to get the complications that used to be so common in the old days. That means that a recovery is usually a complete recovery.

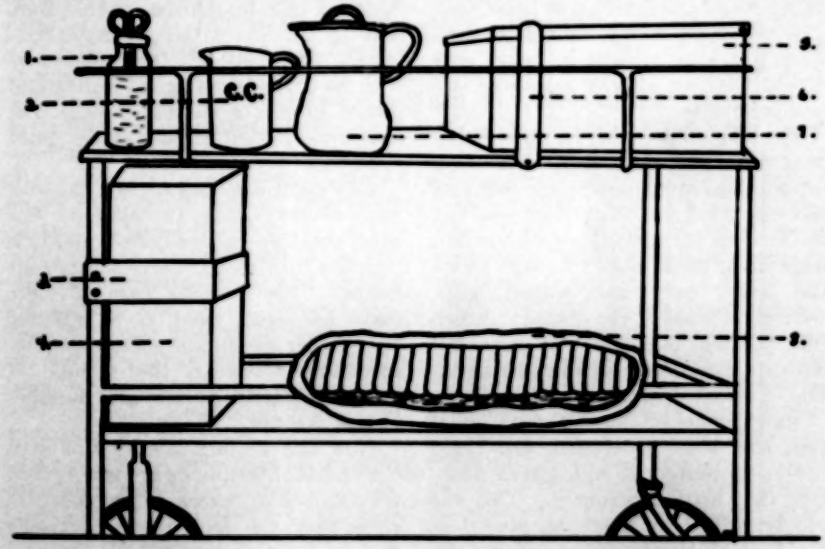
"I suppose it's only fair to remind you that in five days or so Dorothy will probably be very unhappy with the reaction from the serum. She will have a rash, a furiously itching rash, like hives, all over her and it may be her joints will be tender and swollen. But that only lasts a short time and we'll promise to make her as comfortable as we can. After all, that's a small price to pay for the cure of what used to be called the deadly spotted fever."

The Noiseless Perineal Dressing Cart

By Mildred E. Newton, R.N.

THE wail of the hungry infant, the cry of the patient in labor, the incessant ring of the telephone—surely these unavoidable noises in a maternity department should suffice—but no! Down the hall with a clatter and a bang comes the noisy perineal dressing cart. The "rattle, rattle, rattle" from the lids of the cotton-ball and stitch-gauze cans jeer at the supervisor as the cart passes her desk. "Crash, crash, bang" goes the enamel pail, bouncing in its iron-ring holder, while its lid and handle do their best to be heard above the din. "Oh, for a noiseless dressing cart!" sighs the supervisor as the patient's door shuts out the clattering of the cart.

A few weeks of thought and experiment, and as a result of the combined genius of the delivery-room supervisor



1. Forceps
2. Measuring Cup.
3. Rack for Bags.
4. Paper Bag
5. Supply Box.
6. Spring.
7. Pitcher.
8. Bag of Pads.

A Noiseless Perineal Dressing Cart, Pasadena Hospital

and the skill of the hospital mechanic, the transformation was made. The cotton-ball cans which, at best, contained only enough material to care for about six patients, once, were replaced by a large copper box 18 inches long, 12 inches wide, and 4½ inches high, which will serve twelve patients for almost twenty-four hours. In order that the lid might not follow the example of its predecessor, copper strips (6), placed so that they give a spring pressure on the lid, were fastened on each side of the cart. The whole box fits tightly into the space within the little railing. The stitch-gauze can was entirely eliminated by placing a partition, forming a four-inch square, in one front corner of the box for those supplies. There are twice as many boxes as carts, so that there will be adequate time for the packing and sterilization of these containers. They cost $7.50 apiece, were made in a local metal-work shop, and should have an almost unlimited period of service.

The ring holder with its noisy occupant was also banished. The iron support was severed from the cart and the pail used for other purposes. A metal strip (3) formed a rack for two large open paper bags (4), into which the soiled pads and cotton balls, securely wrapped, are placed. When full, the bag is closed and discarded with its contents, reducing the handling of soiled dressings to a minimum.

New enamel pitchers (7) with metal tops had been purchased, but these covers presented an unforeseen problem; they rattled viciously. This was finally solved by a spring, placed at the back of the inside rim of the lid, which holds it quietly in place. It is simply a strip of metal, two inches long and one-half inch wide, soldered to the lid at one end, and slightly bent.

The work of the nurse is lightened and the comfort of the patient increased if she is given the bedpan at regular four-hour intervals. Newspapers, which are kept in the room or ward bathrooms, are placed on the foot of the bed for soiled dressings. The cart is then brought to the room so quietly that the patient welcomes its arrival, instead of being annoyed by its very presence. The output is measured in the enamel graduate (2) when necessary, and the external irrigation given. The supply box is opened and, using the forceps (1) which are kept in a 2 per cent lysol solution, the patient is dried with the cotton balls. The forceps will not be contaminated if used carefully. Stitch-gauze is applied if required and fresh pads placed. The pads (8), which are packed and sterilized in twenty-four-inch square double muslin bags, are folded in half, lengthwise, so that they may be handled without contaminating the inner surface. The newspaper with its dressings is tightly rolled and placed in one of the paper bags, the patient left comfortable, and a quiet exit made.

The carts are thoroughly cleaned, fresh covers put on, the pitchers, forceps, and forceps jars boiled, and new supplies furnished, every twenty-four hours. This morning care of these carts has been used as a teaching project for preliminary students, introducing them to the technic of handling sterile utensils and supplies in this manner.

Now the wailing infants and even the insistent telephone are more easily tolerated since the whole procession of carts may roll past the supervisor's desk—into the rooms and wards—without putting a strain on the nerves of either nurse or patient, and since they eliminate in a very marked degree some of the noise in the maternity department.

Summer Diarrhea in Infancy

By Charles F. McKhann, M.D.

FOLLOWING a heat wave, particularly periods of high humidity when the air is close and oppressive, there appears a most distressing disease of infancy. It is the nutritional disturbance accompanied by diarrhea and vomiting.

These summer diarrheas, as they are called because of the seasonal incidence, may occur sporadically throughout the year, but in June there are more than a few scattered cases; in July the number is still further increased; and in August and September the mortality from this cause far overshadows that from all other causes in infancy. The exact time of the peak incidence varies in different parts of the country. In the south it appears to be in June; in the middle west, in August; and on the north Atlantic seaboard, in the latter part of August and in September. Following hot weather with high humidity, hospitals and clinics have learned to expect an increase in patients with this disturbance. But while institutions are besieged by parents seeking treatment for their infants, the physician practicing among the more well-to-do sees only an occasional case, and breast-fed babies, even though in poor surroundings, are not prone to develop the disease. Thus we find that infantile summer diarrhea is a disturbance occurring after hot, humid weather, in artificially fed infants of the less well-to-do classes. Clean milk supplies to our cities, well-baby clinics, and district nursing associations have done much to reduce the incidence of this disease, but even so, acute diarrheas remain a most prominent cause of death in infants.

There are in general two main types of intestinal disturbances in infancy. For many years, these were not distinguished but were thought to be stages in the same process. However, following careful bacteriological investigations, it became evident that there was an almost constant association of a specific organism with the type of disease in which blood and pus appeared in the stools. There was then separated and clearly identified the first type of diarrhea, due to infection and called dysentery or infectious diarrhea. This disease is caused by invasion of the large bowel by the dysentery bacillus, a germ transmitted much as is the typhoid bacillus, by water, milk, flies or fingers. The infant swallows the germs with his food and in a few days develops fever and diarrhea, with bloody-mucous stools. It is especially this type of diarrhea which has been reduced by clean pasteurized milk and eradication of flies.

The diminution in the numbers of this type has served to focus attention on the second type, which is characterized by watery-green stools with no blood or pus. Since 1886, efforts have been made to find a specific causative organism in the stools of these patients, but the etiology remains obscure. More recently the association of focal infections, notably in the sinuses and ears, has been suggested as a cause of this type of disturbance. Certainly such infections, especially otitis media, are very common in these patients. Symptoms of this type of diarrhea vary considerably in severity. In the less acute types the child is gradually taken ill with fussiness and irritability, and the appearance of frequent watery stools, which soon become green and contain mucus. The temperature becomes slightly elevated.

The baby is extremely thirsty and usually will take water, but may refuse milk. With appropriate treatment, many do not go beyond this stage. However, after a few days, if the diarrhea persists, the baby begins to vomit, and is soon vomiting everything offered. At first, the vomitus contains only undigested food, but later it may contain brown material—old blood. The weight gradually falls, the skin becomes dry and inelastic, the fontanelle sunken, and the abdomen flat. The urine becomes dark and very scanty, the eyes roll upward and become glazed, the extremities cold and grey. The respirations are frequently deep and irregular. Occasionally death occurs in convulsions; more often terminal infections, particularly bronchopneumonia, close the picture.

Ordinarily, the development of this state is a gradual process, but in the fulminating type, the infant may, in the course of one day, change from a normal-appearing baby to a prostrated, drawn infant in whom death ensues in a few hours. These very acute cases, so-called cholera infantum, have almost incessant diarrhea, appearing very suddenly and causing exceedingly rapid loss of weight. Death is here due to water loss. In less acute cases, the water loss, or dehydration, can be controlled, but if vomiting persists, death usually ensues, often after two or three weeks of illness. In these protracted cases secondary infections are most likely to occur, and every care must be exercised to prevent them. Treatment of these patients is not entirely satisfactory. In many instances, the process goes along to a fatal termination despite every effort.

The milder cases recover under the very simple régime of lengthening the interval of feeding to four hours, reducing the amount of food, making the food of an easily digestible kind, and supplying water between feedings. No attention is paid to the bowels unless the condition is seen in the first twenty-four hours, when it is sometimes desirable to clean out the intestinal tract with a cathartic.

The more severe cases cannot easily be handled in the home, and should be sent to a hospital. The treatment is difficult to administer, but must be adhered to rigidly if the patients are to recover.

Points in the treatment:

1. Administration of fluids, to prevent drying out of tissues of the patient. Fluids are given by mouth or subcutaneously, intravenously, or intraperitoneally.
2. Withholding of food, until fluids are retained by mouth.
3. Transfusion of blood.
4. Cleaning up of infections, such as otitis media or sinus infections.
5. Gradual resumption of an easily digested food.

The difficulty in carrying out these steps in the treatment of acute severe cases, together with the knowledge that despite all efforts death may ensue, constantly emphasizes to the physician the necessity of increased care in prevention of the condition. The fact that it is a disease limited to certain groups indicates that much can be done in the way of prevention.

Inasmuch as it seldom occurs in breast-fed babies, one should urge all mothers to nurse their infants throughout the first summer, and certainly great caution should be observed in permitting babies to be weaned before or during the hot months.

Perhaps the next most important consideration is the addition of plenty of water to the infant's dietary. Often the infant shows loss of appetite in periods of extreme heat. No attempt should be made to force the feedings, but instead sterile water

should be offered frequently throughout the day.

Unless the milk for the infant is certified, is fresh, and has been kept constantly on ice, it should be boiled. Boiled milk has a constipating effect and has lost some of the vitamins in the heating process, but this factor is of little importance compared with the risk attending the use of unboiled milk.

Milk is an excellent culture medium for bacteria, and is as much so after it is boiled as before. Boiling or pasteurizing milk renders it safe at the time of completion of the boiling, but does not preserve it against subsequent contamination. Consequently milk that has been sterilized by boiling must be carefully handled thereafter to prevent it again becoming a source of danger. It does little good to boil milk, then pour it into dirty bottles or leave it exposed to air, or flies. The boiled formula should be put into clean sterile bottles, which are then stoppered and immediately placed on ice. Each bottle, which should contain just the amount for one feeding, is removed when it is needed, warmed, and the stopper replaced by a boiled nipple.

The infant's bodily discharges should be disposed of immediately. Soiled diapers should not be permitted to lie about where flies might have access to them.

Of especial importance is the infant's dress. In hot weather, many babies are overdressed during the day and underdressed at night. It requires considerable observation to regulate properly the covering of the infant during periods of intense heat. Perhaps the most damage is done at night. Quite rightly, on a very warm night, the infant is put to bed with little or no clothing over him. But later in the night it becomes much cooler, and the infant is not adequately covered. The baby who was perspiring a short time before, now becomes chilled. Not infrequently, diarrhea can be traced to such exposure to changes in temperature.

If these few simple hygienic suggestions are followed, the chances of an infant developing summer diarrhea are much reduced, and it is in this direction that efforts should be made. Now, before the disease has appeared in one's community, is the time to take measures to prevent it.

In South Africa

THE South African *Nursing Record* for February carries a most interesting account of the first South African National Nursing Congress which was held in Johannesburg, January 9 to 13.

The name of B. G. Alexander, the General Secretary of the South African Trained Nurses' Association, appears frequently in the reports, reminding those privileged to meet her on her visit to this country in 1925 and at meetings of the International Council of Nurses, of a very gracious personality. Distances are great in South Africa, so the attendance of 200 was notable.

The three-day program was built around topics of timely interest, not only in South Africa. The need of university courses for nurses, the problem of supplying nursing service to rural areas, the importance of training midwives, were among the number.

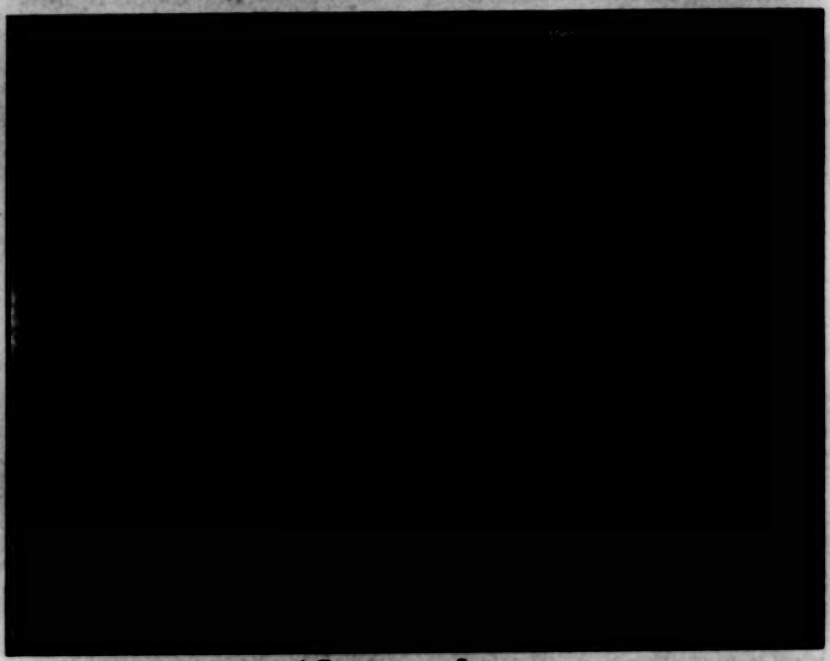
In her presidential address, Mrs. W. G. Bennie mentioned the influence of the Association in shortening hours for nurses, the efforts of the nurses in the various colonies to secure representation on the medical councils, and discussed the provision of sick funds and pensions for nurses.

Quotations from some of the speeches indicate a great similarity of problems to those in America. Said one, "My counsel to you is, think of the terrific vistas open to you. There should be schools of nursing where every type of nurse can be properly trained. This is not coming from the medical schools. It is primarily a woman's job." And another said, "The outlook of some nurses tends to be bounded by the four walls of the hospital."

Mrs. Bennie and Miss Alexander were elected delegates to the International Council of Nurses in Montreal in 1929.

The New Home for Mount Sinai, Cleveland, Nurses

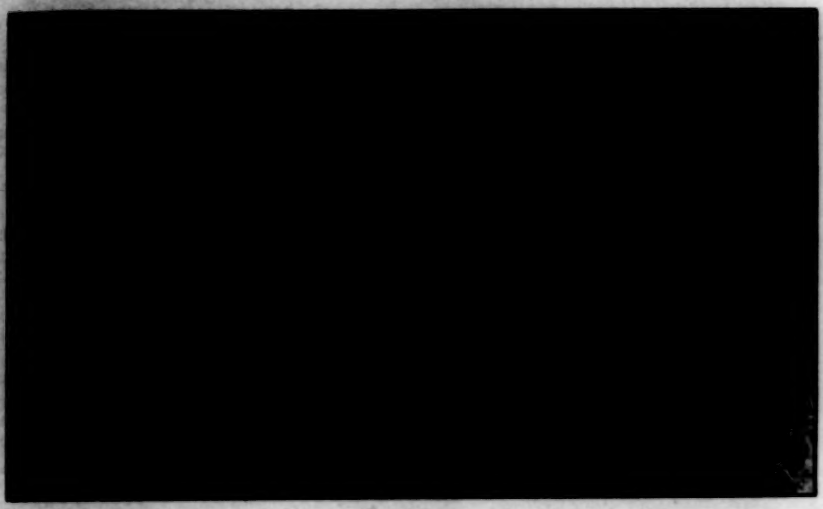
UPON entering the main lobby, one is impressed with the absence of the marble pillars and high ceilings so prevalent in hospitals and other public buildings. Instead, the low panelled ceiling, the soft tinted walls, the colorful rug and attractive furnishings give the place a dignified, homelike appearance. Three small reception rooms and the office are adjacent to the lobby, and through the corridor leading to the left are the library and the large living room. These rooms with their fireplaces, attractive lamps, colorful draperies, and other furnishings have a most inviting atmosphere. To the right of the main entrance is situated the educational section containing instructors' office, laboratory, well-lighted lecture and classrooms. A small laundry, sewing room, trunk room, and the large recreation hall, are also on this floor. Doors leading directly from the main lobby into the recreation hall have proved of considerable advantage on occasions of large social gatherings.



A Corner in the Lounge

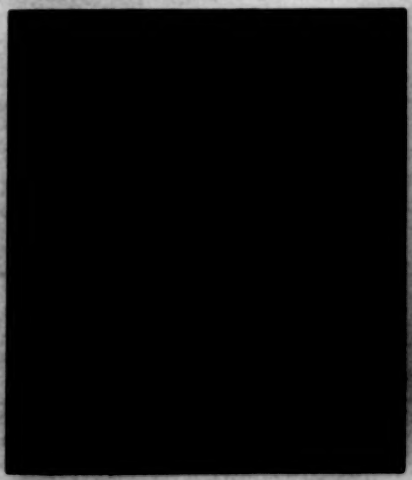
The dining room is on the second floor and here again much attention has been given to the color scheme. The window draperies, the buffets with their colorful old china, the comfortable chairs, the small tables, the attractive rubber flooring and acoustically treated ceiling, all help to surround the nurses with a restful atmosphere during the meal hours.

On the remaining floors are the

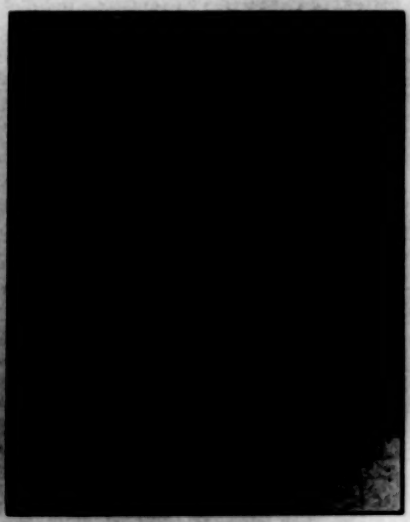


THE LOBBY

individual sleeping rooms attractively furnished as shown by the accompaning picture. These seem to give the greatest joy to the nurses, as is evidenced by the interest taken in putting the individual touches to their respective rooms. The closet, with its ample hanging and drawer space, closes with a Yale lock. A kitchenette and two small sitting rooms are on each floor, so that the nurses may



STUDENT'S ROOM



STUDENT'S CLOSET
Doors close with Yale lock

congregate here in their lounging robes. The bath rooms contain, besides the showers and tubs, dental basins and ample wash bowls separated by marble partitions which insure considerable privacy. The principal's suite is on the top floor, smaller suites are located on each of the other floors.

"Nurses, Patients and Pocketbooks"[1]

Some High Lights from Dr. Burgess' Presentation of the Book to the National Nursing Associations at Louisville

ALL day long, on April 18, the members of the Grading Committee discussed the manuscript of the new book, Nurses, Patients, and Pocketbooks. Late in the afternoon, just before the final vote by which they unanimously approved publication of the entire report, the Committee selected two paragraphs from the bulky 600-page document before them, and recast those paragraphs into a formal resolution; so that, instead of appearing merely as a statement of the Director's opinion, they could be printed with the approval of the entire Committee behind them.

The two paragraphs which received such exceptional emphasis from the Committee read as follows:

1. No hospital should be expected to bear the cost of nursing education out of funds collected for the care of the sick. The education of nurses is as much a public responsibility as is the education of physicians, public school teachers, librarians, ministers, lawyers, and other students planning to engage in professional public service, and the cost of such education should come, not out of the hospital budget, but from private or public funds.

2. The fact that a hospital is faced with serious financial difficulties should have no bearing upon whether or not it will conduct a school of nursing. The need of a hospital for cheap labor should not be considered a legitimate argument for maintaining such a school. The decision as to whether or not a school of nursing should be conducted in cooperation with a given hospital should be based solely upon the kinds and amounts of educational experience which that hospital is prepared to offer.

It was not surprising that the seven of the twenty-one members who are nurses voted for that resolution, because for years nurses have been emphasizing the very principles it contains. What is deeply significant is that among all the other members there was not a dissenting vote. The resolution was passed after careful discussion, rather solemnly, because of the seriousness of its implications, but firmly and with complete earnestness by every member present. Two years ago that resolution probably could not have passed, in its present form; but this year the members of the Grading Committee were able to work together in complete harmony because at last *they have a fact basis for their thinking.*

"Nurses, Patients, and Pocketbooks" is a great collection of facts about nursing, with additional chapters of comment and discussion. In her formal presentation of the book to the representatives of the nursing profession gathered at Louisville, Dr. Burgess said:

I wish I could make you see a little of what a wonderful experience it has been for me to be allowed to participate in this work. I came in as an outsider charged with the responsibility of studying the intimate problems of a

[1] The book may be ordered from the Grading Committee, 370 Seventh Avenue, New York City. Price $2.00.

great profession. You have received me not only with courtesy, but with an extraordinarily frank and open friendliness; so that the past two years have been the most interesting and, perhaps, the happiest which I have ever spent, and I want to thank you, personally, for that.

But the really significant thing is that it is your cordial cooperation, your sincerity, and the intellectual integrity which led you to welcome a fact-finding study regardless of what such facts might show, which have made this particular kind of a book possible. Very few studies like this have ever been made, because this book is not based upon the opinions of the writer, or a few special investigators; it is actually a compilation of thousands of experiences freely reported by thousands of different people. If most of you who received the questionnaires of the Grading Committee had thrown them in the waste basket, this book could never have been written. In a true sense it is you who answered the questionnaires who are the real authors of this book; and the Grading Committee may be regarded as your agent, charged with compiling the material you furnished. I am handing back to you the thing which you yourselves have made.

It was not until April of this year that the members of the Grading Committee knew what was going to be in this book. We could not know until we had gathered the facts. Now that the facts are at hand we find ourselves unable to escape their implications. I think when you have read this book—and reread it as many of you will—that you will find yourselves beginning to think in terms of four main problems, four projects which will seem to you the inevitable responsibility of the nursing profession for the immediate future. These four tasks, as I think you will come to formulate them, will probably be:

1. *Reduce and improve the supply.* Make a decisive and immediate reduction in the numbers of nursing students in the United States; and raise entrance requirements high enough so that only properly qualified women will be admitted to the profession.

2. *Replace students with graduates.* Put the major part of hospital bedside nursing in the hands of graduate nurses and take it out of the hands of student nurses.

3. *Help hospitals meet costs of graduate service.* Assist hospitals in securing funds for the employment of graduate nurses; and improve the quality of graduate nursing so that hospitals will desire to have it.

4. *Get public support for nursing education.* Place schools of nursing under the direction of educators instead of hospital administrators; and awaken the public to the fact that if society wants good nursing it must pay the cost of educating nurses. Nursing education is a public and not a private responsibility.

There is nothing new in these suggestions. They have appeared over and over again in nursing literature. What is new is this book of clearly substantiated facts; and it is from the facts, and not from anyone's theory, that the four problems I have just cited have been drawn.

It is going to be rather wonderful to watch what you are going to do with this book. If there has ever been a time when I have wished that I were really one of you, with the right to add an "R.N." to my name, it is now when there is so great a task to be done—so interesting, so vital, so full of possibilities—a task which, while the rest of us may help, I believe only nurses can properly direct. The next few years are going to be a wonderful time for the nurses.

Mrs. Burgess presented charts, reproduced from diagrams in the book, showing the phenomenal increase in schools of nursing, the startling growth in numbers of graduates, and the evidence indicating that there is already not a nursing shortage but a nursing surplus. She pointed out that there is no longer any argument for admitting young women with an inadequate educational or social background on the ground that they are needed in the profession. It is because too many women of this type have been admitted in the past, that nursing is being criticised by patients and physicians, and that within the profession there is increasing difficulty in maintaining traditions of service.

Every six months makes a difference in the size of this problem. In 1928, there will be very nearly 20,000 graduates from nursing schools and well over 3,000 of these women will never have gone beyond one year of high school. There will probably be something like 3,233 of them coming into the nursing profession this year. That in itself does not sound very alarming. The difficulty is that nursing is growing so rapidly that each year's graduating class is considerably greater than that of the year before.

There are many nurses who belong to this

undereducated group and who have already been admitted to the profession. How are they to be taken care of? There is no mechanism now by which they can be reached. Some of them are of really fine character and are attempting, now that they are graduate nurses, to make up their early educational deficiencies by taking extra courses of one type and another. They should be given all possible help. The profession which has admitted them, must assume some responsibility for their welfare.

The problem of limiting the number and quality of graduates is harder than it seems at first. The easy solutions will not work. It is easy, for example, to say, "Let us abolish all small schools." It should be remembered that some small schools are real schools, and should not be hurt. But even if all the small schools were eliminated, wholesale, that would not solve the problem of overproduction.

Reduction in numbers of graduates can only come when many of the largest schools in the country consciously decrease the numbers of students whom they have in training, and consciously increase greatly the numbers of graduate nurses whom they employ on general floor duty.

Mrs. Burgess discussed at length some of the problems involved, and the interesting possibilities to be considered, in developing graduate floor-duty service. She predicted that the time would come when graduate service would be eagerly sought by patients and hospitals, in preference to student service. She stressed the need for placing nursing schools on a sound educational and financial service.

What is to be done? The Grading Committee cannot help very much. Almost everything that it knows about supply and demand in nursing service is printed in this book which is presented to you here tonight. The book cost approximately $35,000. Much of that money was contributed by nurses. Are you going to be satisfied with what you have purchased? That probably depends upon what happens next.

The Grading Committee will only be in existence for three and one-half years more. It has two other projects which are even more difficult to carry through, and it has neither the time nor the money to work very much more on supply and demand problems. I think it is true that every member of the Committee wishes it were possible to pursue this study further; but the main task of the Committee is the grading of schools of nursing, and the Committee must proceed in the near future to concentrate its attention upon that work.

The Grading Committee represents seven national organizations. It puts this book into their hands and says: "Here is the first study we have made for you. We hope you will feel that your money has been well spent. We have tried to do as good a job as we know how, and this is the result. We have tried to furnish you with facts which you can use in the tremendously difficult undertaking which faces you now. We don't pretend to know what you are going to do, nor how you will do it; but we believe that you will map out your own campaign, and that you will proceed with swift precision, high courage, warm sympathy, and the wisdom of carefully considered experience, to carry your purpose through."

Common Violations of the Principles of Scientific Procedure[1]

1. Stating one's opinion as a fact without any evidence or without sufficient evidence to support it.
2. Stating the opinion of a reputed authority as a fact.
3. Stating the opinion of a committee as a truth.
4. Stating the opinion of the majority as a fact.
5. Reasoning from analogy.
6. Reasoning from silence.
7. Omission of evidence contrary to a certain theory which the author supports.
8. Failure to indicate how and where data were secured.
9. Inaccurate or vague citations, quotations, dates, etc.
10. Wrong interpretation of data.

[1] From Ward G. Reeder, "How to Write a Thesis," pp. 14–18.

What the Registry Means to the Private Duty Nurse[1]

By Emma L. Collins, R.N.

Need for the Registry.—Ten or fifteen years ago, registries were not so important to the success of the private duty nurse as they are today. Many nurses worked up their own practice through the good services of the attending physicians of their hospitals. But today the registry is the medium through which the majority of nurses find their work. I would like to trace the changing conditions in our public life which have brought this about.

Previous to about the time of the World War, a doctor kept in touch with promising young graduates of the nursing schools, listed them in his office, and on sending one to the patient introduced her with pride as "one of my nurses." At once her relationship was established as a tried and true co-worker of the physician, rather than a stranger, and the patient's confidence, so essential to the success of the nurse, was secured in the beginning.

But when a great many private duty nurses were called from their homes to the service of their country, and influenza epidemics aggravated the shortage in the home field, doctors found much difficulty when calling their own nurses. After repeatedly spending hours at the telephone in a vain effort to locate someone known to him, the busy practitioner learned to depend upon the registry for this service and to accept a strange nurse. After the war, in the restless spirit of the times, when nothing seemed to be worth any great effort, and "let us live while we may" was the chief consideration of youth, nursing was affected as were all other occupations. Fewer nurses were willing to give up their entire time while on a case; many of those returning from overseas went into work which made less demand upon their time and strength, others registered for the easy cases without much concern as to whether or not the more arduous but equally necessary nursing calls were covered. The 12-hour day, while a step in the right direction, brought its train of attendant evils. It took graduate private nursing out of reach of the average man's purse and increased the demand for the untrained and less expensive nurse. It entailed early rising in order that the day-nurse might have time to travel from her home to the patient, have her breakfast, and be in her uniform and ready for work by 7 a. m. Arriving home between 7.30 and 9 p. m., she was often too tired to do anything but rest, as her next day's work began at 5 or 6 a. m. Even with a 12-hour day, life was still very hard in the private duty field. During the peak of the year's illness load there was too much work for the nurses available but for a vastly larger portion of the year there was too little work. Hospital work was hard because of many hampering rules designed for the control of the careless, inefficient and poorly trained nurse. Home nursing was made more difficult through the fact that the nurse, being unknown, had to earn the confidence of the family and the doctor. Every other branch of nursing was organized

[1] Read at the Private Duty Section of the American Nurses' Association, Louisville, Kentucky, June 5, 1928.

and working out its problems. Private duty seemed to be everyone's concern and nobody's business. Here and there one would hear of a group of nurses who were trying to solve their difficulties through their hospital registry, but the majority of nurses in private duty were like sheep without a shepherd.

What the Registries Have to Offer

THE chief means of contact between the private duty nurse and her public was the registry. Before nurses organized their own cooperative nursing centers—called Official Registries—registries were of two general types. The hospital or alumnae registries, supported by yearly membership fees (and more or less self-governed) were run principally for the benefit of a particular hospital group of doctors, nurses and patients, and in a smaller degree met the nursing needs in the homes of their community. The commercial registry, frequently managed by a person with no knowledge of nursing practice, was run with the primary object of bringing profits to the owner and the nurse was taxed as high as ten per cent of her earnings for service given. The majority of nurses in private duty were associated with this type of registry. Human nature being what it is, a proportion of these nurses was of the type which does not do good work unless under supervision, and the whole body of nurses suffered because of adverse public opinion created by this irresponsible group. This element in the nursing profession subsisted by drifting from one short case to another and from one registry to another. No one ever employed them a second time, but the people with whom they had contact judged the profession by their work and behavior. In hospitals employing a large number of private duty nurses, rules made for the supervision and control of these nurses seriously hampered the good nurse in her work, until some felt justified in refusing to accept hospital cases, and many nurses complained of not meeting the respect they used to receive in either hospitals or homes.

The cry of the nurse was, "How can we improve the conditions under which we live and work?"

The hospital registry was handicapped in its service to the nurse because of its close association and dependence upon the hospital (that time-honored institution to which nurses owe so much, but which so often finds it hard to understand why the nurse of today cannot be poured into the mold of fifty years ago).

The nurse associated with her hospital registry belongs to a favored group as regards regular employment, knowledge of her field and pleasant associations with her co-workers, if her hospital chances to be a busy and successful one, under the management of competent officers of broad vision. I use the word "chance" with intent, for how many nurses, before they entered training, had any idea of the ratio between supply and demand in the nursing field of their choice? Young nurses often found it necessary to pay fees to several commercial agencies in addition to their hospital registries in order to make a living. The commercial registry was also a haven for the nurse who was no longer acceptable to her own hospital, some of which were run with the severity of a military camp under war conditions. "Theirs not to question why, theirs not to make reply," theirs but to stand the gaff—or go. This is a real tragedy to the nurse who has missed the broadening influence gained by one who works in hospitals

other than her own. She grows less adaptable as the years go by and is the type of nurse who gets into minor difficulties with her hospital administration. Many of these nurses do good work after they become accustomed to a new environment.

Other nurses who were registered with the commercial agency came from the following groups: Graduates from the smaller of the local hospitals; adventurous souls from other parts of the country who, craving variety, were out to see the world; practical nurses and partially trained nurses of all degrees. Many of these free-lance nurses, cut adrift from their nursing organizations and taking no professional journals, became complete individualists with almost no group consciousness, because so isolated. It was manifestly impossible to develop any constructive action in this group which was without professional guidance. Thoughtful nurses began to discuss through their state and county associations, the desirability of establishing their own employment centers where such problems as seasonal unemployment, the need for improvement in the conditions under which nurses work, and an adequate nursing service for the public with protection for nursing standards, could be worked out. The answer to this demand in many parts of the country has been the Official Registry under the auspices of local branches of the American Nurses' Association. It offers many advantages to the private duty nurse, chief of which are: affiliation with a dignified professional nursing service with the prestige and backing of the American Nurses' Association, a nurse registrar who brings with her an understanding of the whole field and an interest in its development for the benefit of the nurse as well as of the hospital and the public, an opportunity for the nurse to run her own business and to share in the profits, and through loyal teamwork to build up a center for nursing service which shall be known for the excellence of its nurses. Most important of all, it provides a proving ground on which to test remedies for the relief of some of the unnecessary hardships in the private duty field.

District 14 of the New York State Nurses' Association opened its Official Registry in Brooklyn, in the spring of 1926. Three hospitals of the city turned their registries over to it. The hospital registries which continued to function gave to the Official Registry the calls they could not fill. At the present time, the membership of the Official Registry has grown to over 1,000, although there are not more than one-half that number working actively with it at any one time. Every graduate nurse in the city benefited by this organization during the first month of its existence, as the Registry Committee was instrumental in securing a much needed increase in the fee for special duty in hospitals. Previous to that time, individual alumnae associations had petitioned their hospital boards for this increase without avail. The District Nurses' Association through its Registry Committee had a series of conferences with the association of hospital directors of the city, interpreted the need for the increase, and announced quietly but firmly that after a certain date, nurses would charge $7 instead of $6 a day for hospital cases. The rate was made uniform throughout the city within a few weeks.

The chief hardships in the private duty field in Brooklyn, as expressed by the nurses of the Official Registry are:

1. Unemployment during the long, dull season which extended over one-half of the last twelve months.

2. The preponderance of night work, as so many hospitals send night calls, using their own nurses for the day duty.

3. Enduring, for twelve hours at a time, the living conditions in the low-grade homes of the foreign quarters of the city.

At present the Registry is promoting hourly duty as an answer to these needs. Hourly nursing supplies an attractive form of day-duty; does not depend upon epidemics as it is used by the chronic invalid, the new baby and its mother and what someone has called, "the half-sick," and thrives upon "hard times" because of the low rate at which it is supplied. Hourly nursing also permits the nurse to get out for her meals when employed in homes with old-world standards of cleanliness. The registrar acts as a mediator between the nurse and her employer, when necessity arises. Sometimes a nurse reports living conditions on her case to be extremely hard and asks replacement, and it frequently happens that the doctor will claim the contrary. Before a proper adjustment can be made, the registrar has to visit the home. With a car this can be done fairly easily. Sometimes the home is found to be indescribably filthy and vermin-infested, the family antagonistic and unteachable, so hourly service is recommended or the transfer of the patient to a hospital. Where conditions admit of improvement and the difficulty is caused by a nurse who is unwilling or incapable of nursing under adverse circumstances, she is replaced by one more adaptable.

This nurse has limited her field of work and never again is sent to homes in the poorer section of the city.

In another instance, nurses doing special duty at night, in a hospital which collects its nurses' fees daily, complained that they had to wait from 7 to 9 a. m. every morning before they were paid. The registrar visited the nursing committee of this hospital, explained the difficulty in supplying nurses under such a handicap, told of the number who had refused to return on account of the long wait after coming off duty in the morning, and the matter was amicably adjusted. The nurses were paid at 8 a. m., thereafter. Other beneficial provisions are made by the Official Registry for its members. A nurse may go off call for 24 hours, but her card hold its place upon the call-list, in order that she may have time for necessary business or recreation during long waits for work.

The nurse who cannot afford the idle periods made necessary when waiting for day cases during dull seasons, no longer has to do continuous night duty. Her name is allowed to remain upon the call-list for day work during the time she is engaged in night duty, so that she may alternate her work.

The Official Registry can be anything its nurses choose to make it, and it rises or falls according to the quality of service given by the individual nurse associated with it. "What you do, speaks so much louder than what you say," is especially true in this field. I believe the Official Registry has a brilliant future if developed along the lines of a community agency, supplying an essential service under the auspices of a professional group which has earned the respect of the community.

What Does Well-Organized Floor Duty Offer to the Private Duty Nurse?[1]

By Frances Courtney, R.N.

WE hear a great deal, today, about the problems of the private duty nurse. These problems have been more or less latent for many years but have recently been thrust into the foreground of our thought for various reasons:

1. Because of the complexity of our life in general.

2. The increasingly large number of new graduates entering the field each year have caused the supply of nurses to exceed the demand for nursing service. This, in turn, has precipitated the untoward economic conditions which the private duty nurse faces today.

3. The professional women of today are not content to accept conditions which narrow and confine their outlook on life. Nurses have come to realize that the greatest efficiency can only be obtained through a life which provides opportunities for the advancement of the individual nurse.

There have always been fine souls in our profession who have had vision and who have worked long and steadily for the advancement of the cause of nursing, but it is equally true that the large majority of nurses have accepted the benefits of these few nurses' labors without helping, and at times have even hindered them.

Private duty nurses have not always contributed their support to the advancement of nursing in proportion to what might have been expected from their numbers, as compared to nurses in other lines of work. There are several definite reasons why this has happened:

1. Because of lack of organization, due largely to the isolation of the individual nurse.

2. Because of a lack of "group sense" or "feeling," which is a direct result of the lack of organization; it rather inhibits a spirited participation in nursing affairs.

3. Because a considerable number of private duty nurses have drifted into the work because it offers immediate remuneration to them and they have little interest aside from personal gain.

4. Because there are some graduate nurses who, perhaps, ought never to have been graduated and who have proven a great impediment to those in the work who do wish to advance.

In order to throw into relief the points concerning my subject proper, I shall have to weave into the background some of the objectionable points of private duty.

The basis for these points is a series of interviews with a considerable number of nurses from various training schools over the United States and several from abroad who have had experience in private duty and who are at present really enjoying floor duty.

Since, in the last analysis, more discontent among private duty nurses arises from the lack of opportunity for normal living than from any other cause, we shall consider some of the things which prevent normal living.

1. One is unable to plan social engagements because of the uncertainty of whether one will be on or off duty.

2. If on duty, there is no opportunity for recreation without robbing one's self of proper sleep. After the twelve hours of actual duty, the other twelve hours are encroached upon by giving the report to the on-coming nurse and usually about two hours are lost in transportation to and from duty.

The same loss of time obtains if one goes for hours off when on twenty-four hour duty. There is seldom any place in a hospital where a nurse may

[1] Read at the Private Duty Section of the American Nurses' Association, Louisville, Kentucky, June 5, 1923.

rest undisturbed if she prefers not to go home on her hours off duty.

3. If *off* duty, one must take time at personal expense for recreation and rest, while on floor duty there are definite rest periods and a long vacation with pay.

4. After registering for a case, one is obliged to stay in very closely to receive calls or lose standing with the registry. This time off duty is not rest or recreation but is more or less of a strain. Some like the perfect freedom possible to them when off a case, but on the whole we should take recreation and live normally day by day and not go on an orgy of recreation after a period of confinement.

I. The most important thing that floor duty has to offer to the private duty nurse is an opportunity to live a normal life which must include fine professional service, educational advancement, social contacts, and recuperative and recreational programs.

We shall now endeavor to illustrate in what ways well organized floor duty *does* give opportunity for normal living.

1. It makes possible a fine type of *professional service* which is a definite result of satisfactory working conditions of the individual staff members.

a. In our particular hospital the most outstanding reason for obtaining fine service is the consideration shown the individual staff nurse in regard to *choice* of service. Some, for instance, prefer surgical work, others medical, out-patient clinic, night duty and so on—the administration has found it possible, to a large extent, to grant this personal choice of service.

b. Another point which makes for fine service, and which is of equal, if not greater, importance than choice of service, is the fact that each staff nurse is considered worthy of the confidence of the administration and has its respect and coöperation. Ideas and suggestions of the individual are considered and are used, if plausible and of benefit to the service as a whole. This spirit of our group is a very fine thing for it makes the graduate feel that her bedside care of patients is important and she maintains her own self-respect while rendering the service.

2. The eight-hour day gives ample time for an educational program if the individual is desirous of personal growth. The majority of young women of today, in keeping with the trend of our time, should be interested in adult education.

a. We are especially privileged because of being on the University campus and are given free tuition to one major at the University, if desired.

b. We also have a medical and surgical study group which meets once a month. Often doctors give us special lectures along the lines of our interest.

c. There are, however, many other available possibilities for educational growth such as systematic and intelligent reading, lectures, good music and opportunity to take advantage of home study courses from various universities.

3. The time off duty provides opportunity for social contacts. Many, with whom I talked, considered this of great importance. They enjoy contact with the nursing group and are not as lonely as when doing private duty. They are able to have more social contact outside the nursing group, as well, which is quite essential to a broad outlook on life.

4. There is also ample time for normal recuperative and recreational programs.

Some have objected to floor duty on the ground that it is "too much like training," but in point of fact it is very different, both in service, as indicated in a paragraph above, and in the following respects: There is perfect freedom as to hours of coming and going when off duty. Half-days, daily hours, and whole days off, are scheduled for the week (the whole day off coming definitely every third week, in our case). This gives ample time to plan social affairs.

This opportunity to have real recreation and rest is of great importance, not only because it is conducive to personal happiness but this in turn makes the individual able to render better professional service.

II. *Floor duty offers steady employment* with several aspects of advantage:

1. It gives a definite amount of money to plan on.

2. It ensures a good vacation with pay for continuous service, as I mentioned above (four weeks in our case).

3. It gives a more or less definite routine or type of work for certain periods.

III. *Many feel that floor duty offers a much larger field for service.*

1. They find it more interesting and gain more satisfaction in caring for more patients. This may be true in caring for patients on the floor as a whole or as worked out in group nursing. This latter type of service may be made very effective in some places when once properly understood by the public and nurses as well. We have not, as yet, done a great deal with group nursing at the University clinics.

2. There is no loss of valuable time staying with patients who need little if any skilled nursing care. Being a companion and entertainer to patients who only wish personal care becomes irksome to a skilled nurse for she feels that that service could be rendered by one who does not have special training.

3. One sometimes hears the objection that in floor duty there is too much menial work to be done. The introduction of attendants eliminates much that is objectionable in this line. Then, too, our attitude as to what is *meant* by menial is important—nothing is really menial unless the mind of the one doing it considers it so. Of course there will always be certain routine things which must of necessity be done, which we do not particularly enjoy, but that same thing is true in every profession and walk of life.

IV. *Institutional, as well as public health work, offers a chance for advancement.*

According to the statistics of Dr. Burgess, there is a definite advancement in salary in these lines for a nurse who has ambition and ability.

Even the lowest salaries for these are, on the whole, better (considering the vacation with pay and free care when ill) than the average yearly salary of the private duty nurse, which is little over $1300 a year.

In private duty, nurses of fine ability and long experience (of whom there are many in this work) receive no more pay than the young graduate who has just finished training. Neither is there any honorary advancement of position or special recognition of splendid service for the woman who has given the best years of her life in fine unselfish service.

V. Floor duty also offers to the private duty nurse the opportunity to "brush up" on new methods and principles of nursing technic and to come in contact with the best and more recent methods of treating certain diseases.

Many who do not particularly care for floor duty find it profitable to do

it for several months, occasionally. However, if a nurse comes in for this reason, she must be honor bound to state that reason to the administration and plan to stay long enough and show sufficient interest to make the work profitable to the hospital as well as to herself.

VI. *Another great advantage of floor duty* is that the hospital assumes the responsibility for the patient. The nurse is not only free from collecting money from patients but also is relieved to a great extent of adjusting any differences which might arise through misunderstanding.

VII. Also, when one has once made the adjustment to the work in a regular position, it is much easier than going into various hospitals and homes and having continually to make new adjustments. In other hospitals one must learn the location of equipment and something of their methods of procedure. In homes one has often to improvise equipment and to make adjustment with several persons and conditions. While we fully recognise the ability of many private duty nurses to improvise equipment and to make these adjustments, still we feel that those things make the work more difficult for them.

Dr. Burgess presents a very plausible solution to the private Duty problem—that we *must* convince the public that we *have* a service which it *needs* and which no unskilled individual can render.

If this idea is once established and understood, funds will be forthcoming to endow hospital nursing service for which graduates may be employed. Then hospitals will be able to give their students better training and will not be compelled to keep students who they know, should not be sent out as graduates, for they will not be dependent on their services.

As long as hospitals continue to turn out large numbers of graduates each year, most of whom drift into private duty as the line of least resistance, we can expect the problems of the private duty nurse to increase. If hospitals receive sufficient funds, the situation of private duty will be relieved in two ways:

1. By limiting the number of new graduates and, at the same time, improving their quality.

2. By furnishing employment for a large number of graduate nurses who prefer the actual bedside care of patients.

Inasmuch as floor duty gives an opportunity for fine professional service, educational advancement, social contacts, recuperative and recreational programs, as well as the advantages of steady employment and the many other features we have mentioned, we feel that well-organised floor duty has much to offer the private duty nurse.

"Credo"

"SIR GEORGE NEWMAN, in an inspiring address given recently at the annual meeting of the Bedfordshire County Nursing Association, made a special appeal to nurses to use their influence in the homes of the people with whom they come in contact. No nursing, he said, was of any use which did not spring from deep sources, and he asked them to take away three thoughts for consideration: '(1) I believe that the universe is rational, that it is not an accident that we are here, and that all things are governed by law and order; (2) I believe that man is something more than an animal, and that in my nursing work I am keeping alive a tabernacle of the human spirit; (3) I believe that there can be nothing more enduring than the spirit of compassion and human love'."—From the *Nursing Times*, London.

Distribution of Nursing Service

I

The Larger Problem of Community Nursing[1]

By C.-E. A. Winslow, D.P.H.

IT is to organization that we must look for the real answer to this problem. The development of group nursing for the patient of moderate means in the hospital is one step; the development of hourly nursing service in the homes is another; the organization of registries on a constructively coöperative basis is a third. By these means, and others which will be worked out in the future, we may hope to attain for every patient the amount and kind of nursing care which he really needs and for the nurse those four essentials —reasonable hours, adequate income, constructive leadership and opportunity for growth—which Dr. Burgess has rightly formulated as vital to the very existence of your profession.

Such solutions are by no means simple or easy to apply. Hourly nursing, for example, can only be developed to full advantage when conducted by a well-organized public health nursing group which can furnish expert supervision and can take up the slack of the nurse's time by using her in other fields of visiting nursing as occasion offers. For the maximum of results, we must go still further and visualize a coördination of all community resources both intra- and extra-mural, under which nurses in the hospital and in the public health nursing organization and on the registry can be used where and when they are most needed.

In all this, it must be remembered that there are two distinct types of questions involved—the problem of service and the problem of payment. We must first devise means for supplying to each patient the amount and kind of service, from simple domestic service, through the care of chronic or convalescent cases by a nursing attendant, to home nursing on the visiting nurse or hourly basis, and to continuous nursing of acute illness in the home or the hospital. We must develop machinery for facilitating payment for the service rendered through some form of insurance program, since many a family, quite unable to meet the sudden financial emergencies of illness, could bear the cost involved if it were distributed in time and over a whole social group. In this way there seems hope (as we are already realising in the nursing furnished by the industrial insurance companies) of making self-supporting a considerable volume of nursing once rendered on a philanthropic basis.

These are the problems which constitute a direct challenge to your profession; for they are, after all, primarily problems in nursing and can only be solved wisely with the active coöperation of leaders in the nursing field. I can foresee in the future that in every well-ordered community there will be a Joint Council on Community Nursing which will include representatives of hospitals and training schools, of official and voluntary public health nursing organizations, and of the registries, which will make continuing studies of

[1] We have given the conclusions, only, of Dr. Winslow's paper. For the complete address, see the *Public Health News*, July, 1923.

these problems and will strive to solve them through joint effort for the common good.

Already, your profession has made notable progress in the task of social organization. Nursing in hospitals and, above all, in public health nursing organizations, furnishes a model and an inspiration to other professions less socially-minded. Can you not, in one or the other suitable community, go further and integrate the entire program in a community from the entrance of the pupil in a training school to the retirement of the nurse on an old-age pension, with a view to such professional conditions and such public relationships as will facilitate the highest type of service to the maximum number of patients on the soundest basis of payment?

It will require vision and it will require unselfishness to accomplish such things as these. Nurses are by tradition a loyal folk; but their loyalty, like that of all other human beings, is often too limited in its range of application. Loyalty to "my hospital" or "my association" is good; but loyalty should be broad enough to include not merely the whole profession but the whole community within its scope. Josiah Royce says, "In loyalty, when loyalty is properly defined, is the fulfilment of the whole moral law"; but he adds in another place, "All lesser loyalties and all serving of imperfect or of evil causes, are but fragmentary forms of the service of the cause of universal loyalty." In the spirit of a wider loyalty and in the light of a deeper vision the nursing profession must find for itself the higher type of service which it is to render to the coming generations.

II

Distribution of Nursing Service in Hospitals

By Marian Rottman, R.N.

HOSPITALS are notoriously poor. Out of approximately 2,000 nursing schools in this country, about 1,980 have been established and are maintained by hospitals. Since the hospital itself is so inadequately provided for, it becomes obvious that nursing schools may expect meagre support.

Early schools of nursing in America were established primarily as educational institutions to prepare the nurse, not only for hospital service, but for community service as well. Very soon the hospital discovered that a nursing school was a profitable institution. This fact explains why the nursing school soon became the nursing service of the hospital.

The duties of the early nurses were not as numerous nor were they as scientific as present-day medicine demands. For that reason fewer nurses could care for a larger number of patients and no attempt was made to discover just how much time was required to give the necessary care to any particular type of patient. If one hundred institutions were asked, today, the number of nurses necessary to staff a medical or surgical ward of a given number of patients, the replies, as indicated by a recent questionnaire, would be as varied as the number of institutions asked.

This leads us to the practical and important fact that we do not know, even approximately, what the ratio of nurses to patients should be.

The purpose of this discussion is to raise certain questions which we shall have to answer before we can determine how many nurses are needed to care for the sick in the hospitals of this country and how they are to be distributed.

In order to answer these questions it will be necessary to know the number of hospitals in the United States. It will also be necessary to know the yearly average number of patients in these hospitals requiring nursing care, and the percentage of patients with respect to age, sex, medical or surgical conditions and whether or not they are acute or chronic.

In one representative children's hospital where a study was made, it was found by actual statistics that by far the greatest number of sick children are under one year of age, and that the number diminishes after the first two years in proportion to the age, or that the smallest number of children ill in hospitals are between the ages of eleven and twelve years. And, while the largest number of patients in children's hospitals are under one year, it is equally true that children of that age require the maximum amount of nursing care.

The acutely ill patient requires much more than twice the amount of nursing care required by a chronic patient; women require more nursing care than do men, and medical patients require more nursing care than do surgical patients. In fact, almost the entire treatment of medical patients means nursing care.

How is the nursing care at present determined in our hospitals? When given by the graduate special nurse, it is usually of excellent quality and the entire time of one nurse is given to one patient for 12 hours by day and by a second nurse for 12 hours by night. The ratio here would be 1 to 1 throughout the 24 hours. In some hospitals, notably St. Mary's at Rochester, Minnesota, there has been instituted what is known as group nursing. This consists of one nurse for not more than two patients. The ratio here is 1 to 2 throughout the 24 hours. In a small private hospital with student nurse service there might be, and usually is, a ratio of 1 nurse to 4 or 5 patients. What determines this ratio in each hospital?

In large municipal hospitals and in the open wards of general hospitals there is nothing on which to base a ratio excepting the number of nurses on duty and the number of patients requiring nursing care. If a lump sum could be appropriated in the budgets of such hospitals, whereby in times of epidemics or great stress, additional graduate nurses could be assigned to duty, it would help solve some very trying problems connected with this type of hospital.

When the student nurses carry the burden of a nursing service there should be adequate instruction and supervision. This is altogether too frequently not the case. Many schools and hospitals employ three graduate nurses, only: one the superintendent of nurses who is director of the school and instructor; one who is night superintendent of the hospital and supervisor of night nurses and the third is in charge of the operating room. Any hospital that proposes to establish and maintain a school should employ at least half as many graduate nurses as there are students in its school of nursing. This would insure better nursing care and a better

educational opportunity for the student nurse. If more maid service were available in hospitals, there would be less of the routine of hospital duty required of students who would profit more by the experience in skilled nursing procedures and better care could be given to the patient.

So far as one is able to discover, little or no consideration has been given to the change that has been and still is taking place. Today, the patient's stay in the hospital is much shorter than it was ten years ago. This means there is a greater nursing load during the patient's stay in the hospital; or, in other words, the nursing care is more intensive during the patient's hospital time. While the nursing load has increased, there has been no proportionate increase in the nursing staff.

Dr. MacEachern has made the statement with which we shall all agree, that where today there is one nurse to one and one-half patients, there is a greater nursing load than there was in the past when there was one nurse to every six patients. This is due, of course, to the increased number and complexity of treatments prescribed.

It would be fair to believe that in determining the number of nurses required to staff a hospital, more students would be required than graduate nurses for the same amount of nursing service. When students are depended upon for nursing care of patients, the proportion of supervisors to students should be relatively greater. This we do not find to be the case. Hospitals that are conducting the best schools of nursing find that it costs as much and more, in some instances, to conduct a good nursing school than to employ an entire graduate nursing staff.

It is time that scientific methods were applied to nursing distribution. Such methods imply time studies for each service with both a student and a graduate personnel. A few such studies have been made.

In 1920, Elizabeth Greener, Director of the School of Nursing of Mt. Sinai Hospital, New York City, made a study which included seven patients —two men, two women, and three children. The conclusions were very interesting and attracted considerable attention in nursing administration groups. The study showed that the average time consumed per patient in twenty-four hours was 4 hours, 49 minutes. Miss Greener also concluded from her study that the nursing load from 7 a. m. to 3 p. m. was double that from 3 p. m. to 11 p. m. and that the third period, from 11 p. m. to 7 a. m., was a "balance between the two."

In 1927, Dr. P. S. Rawls, Medical Officer in charge of the U. S. Veterans' Hospital at Livermore, California, made a time study to determine the ratio of nurses to patients necessary to provide an adequate nursing service to that hospital. Dr. Rawls' conclusion was that a ratio of one nurse to seven and one-half patients was necessary, in place of the one to ten ratio provided at that time.

Studies by the American College of Surgeons indicate that the peak of the nursing load in hospitals comes between the hours of 7 a. m. and 2 p. m. From 2 p. m. to 11 p. m. the load is about 60 per cent of the morning load. From 11 p. m. to 7 a. m. the load is much lighter. We who are working with the practical situation know this to be true.

Gladys Sellew, formerly associated with the Babies' and Children's Hospital of Cleveland, Ohio, conducted a time study at that institution and found that the total time required in

24 hours for nursing care for the average patient under one year of age was 8 hours 51 minutes. For a child of 5 years, the time required was 7 hours 19 minutes; and for a child of 10 years, 6 hours and 35 minutes.

Undoubtedly, one of the best studies yet undertaken has been done by Margaret Tracy, Surgical Supervisor at the Yale School of Nursing. Through her study, Miss Tracy has been able to present a chart outlining the average time required per treatment in minutes, for twenty-one procedures common to surgical patients. Each procedure was timed often enough to determine a fair average in all instances as the study extended over a period of eight months.

It was found that in a ward of 25 surgical women patients, an adequate nursing staff comprised: 8.10 graduate nurses whose weekly schedule was 44 hours; or 9.6 affiliating students whose weekly schedule was 44 hours; or 13.2 Yale students whose weekly schedule was 32 hours.

A similar study carried on in a men's general surgical ward which averaged 26 patients daily, required: 7.7 graduate staff nurses; or 9.1 affiliating students; or 12.5 Yale students.

When it is remembered that this is the number of nurses whose time is required to give routine care and carry out the doctor's orders, only (and we must consider the large number of other duties performed by the nursing staff which should properly be done by maid service), we realize how inadequately are the majority of hospitals providing nursing service to their patients.

So far, we have considered alone certain mechanics of nursing procedures which may be measured. But what of the immeasurable, intangible qualities which make of nursing an art and a profession? What of the hours of time spent by nurses in solving personality problems, in catering to the idiosyncrasies of individual patients, in giving moral support to patients who are suffering intense physical pain; and what of the family and relative problem? These factors are not measurable in time studies but are as essential to the comfort and peace of mind of the individual patient as are the treatments ordered by the doctors for his physical well-being. It would seem that the job of administrators in nursing schools might well be that of building up quantitative as well as qualitative standards.

This can only be done by bringing to the attention of hospital authorities, the medical group and all others interested, the need of accurate knowledge of the time needed for the adequate nursing care of the various types of patients cared for in our hospitals.

Then, too, a better correlation is needed of the theory and practice of nursing and more time should be spent in the consideration of the patient as an individual member of society.

III

Questions on Distribution[1]

By Sophie C. Nelson, R.N.

THE enumeration of our community needs in illness and health for which some nursing services are required seem simple, indeed. They might run somewhat as follows: Full-time nursing care at home for people who can afford to have such care and for such illnesses as will require the full-time service of a nurse. Part-time service for some types of illness, especially those where scientific care on a full-time basis is not a requisite to the cure or retardation of disease. Part-time service for that group of people economically not prepared to pay for full-time service and where some other care is available. Nursing supervision in relation to home nursing care given by some member of the family, especially in chronic or in convalescent care.

Public health nurses should be needed in relation to the following health service: Prenatal, infant, pre-school, school and industrial hygiene, the control and prevention of communicable diseases including tuberculosis and venereal diseases, mental hygiene and nutrition. By common consent we might take these needs as a hypothesis upon which to build the structure of our problems.

* * * * *

The conclusion from my soliloquy would seem to be that but rarely do we adequately fill our community needs in nursing, in private duty nursing largely because of our method of organization, in visiting nursing and in public health nursing, in general, largely through lack of numbers which in turn is largely due to lack of financial support.

Taking for granted that we have sufficient numbers of nurses and can allocate them, as Dr. Winslow suggests, to meet the need for changing focuses from illness to health, we still have the problem of how to meet financially this re-allocation. As far as the nurses individually are concerned, it seems possible that what each organization has been able to accomplish for part of the nurses, it might reasonably be assumed can be done for all. The real problem, however, is more than re-distribution of nurses. It is educating a community to appreciate changing needs and guaranteeing financial support to meet community nursing needs in excess of what the individual can meet.

Adjustments

DR. WINSLOW has suggested that in making adjustments in providing nursing service to meet nursing needs there might be a joint council on community nursing which would include representatives of all groups interested and which would make studies of the nursing problems and try to solve them through the joint effort of the common good. This certainly would be a good beginning. However, much more information is needed and more studying is necessary in order to get a complete picture of what the community needs actually are.

It is going to be necessary for nurses to change their psychology in relation to their obligations. Again we are

[1] The three papers in this group were read at Joint Session of the Biennial Convention, Louisville, Kentucky, June 5, 1928.

much like a child attempting to put a square peg in a round hole. We get very much perturbed because it does not seem to fit and gradually we realize that the hole cannot be changed but we must shave off the corners of the peg if we wish to have it coincide. So we must realize that illness and health needs in a community are the actual factors which we must consider, the variable quantity is nursing which must be changed to accommodate to the situation especially in illness which is always an emergency. The day of free-lancing in nursing seems to be over.

Some organised nursing effort must supersede the individual effort and it must be organised with one objective in mind—suiting the service to the need. We have other examples of service offered which have to be accommodated to community needs, such as our fire and police protection; fire strikes when and where it will, and it must be met whether it is east or west, morning, noon or night. We must have police protection everywhere and continuously. This the service demands and so it is with nursing. We must meet the needs of the service and make our arrangements accordingly. In order to settle or adjust this problem we must take the community into consideration.

Curiously enough, we have left out almost entirely in all of our thinking the important assistance we have, which is the opinion of those members of the community which we serve. Public health nurses have probably had the advantage over any group of nursing in this respect because for a long period of time they have had the help, the advice, the interest of that group which, for lack of a better name, we call "lay." These people represent much more definitely than we the population we serve.

We might do well to follow in the solution of our problem the five principles of office management:

1. Find out what is to be done, which means analysis.
2. Find out the best way to do it, which means research.
3. Find the persons best fitted to do it, which involves selection.
4. Show them how to do it, which includes training.
5. And see that they do it, which presupposes supervision.

In order to reach our desired objective, which is that nursing service shall be available to everyone, in every community, according to its needs, most particularly do we need to keep together, in our thinking and in our performance. It was Edward Everett Hale who said:

> Together is one of the most inspiring words in the English language—coming together is a beginning—keeping together is progress—working together is success.

A Privilege for Travelling Nurses

THE United Nursing Service Club, Inc., 34 Cavendish Square, London, England, cordially extends its privileges to any past or present member of the American Army Nurse Corps, provided she carries with her either a letter of introduction from Major Julia Stimson, Superintendent of the Army Nurse Corps, or a letter from an active member of the Club. The rates for rooms and meals are moderate.

The Arizona Yearbook

THE first annual yearbook of the Arizona State Nurses' Association is fascinating reading. It is an illustrated story of beginnings—of pioneering with courage and high hearts. Districts One and Two were organised in 1917 and 1918, respectively; and the State Association, in 1919. A nurse practice act was passed in 1921 and amended in 1927; 637 nurses have been registered in the state.

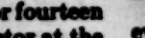
The book contains interesting sketches of the organization of each of the districts, of the hospitals, and of the schools of nursing. An appendix gives the personnel of the State Board and a list of the registered nurses in the state.

Ida F. Giles: a Pioneer

AFTER forty years of active nursing service, most of them as head of a nursing school, Ida F. Giles retired from active work when she resigned the position she has held for the past two years, Principal of the School of Nursing of the Washington Hospital, Washington, Pennsylvania. Appreciation of her services was shown at a farewell dinner attended by doctors, nurses and trustees and their wives, where a diamond pin was presented to her.

Miss Giles graduated in 1890 from the Pittsburgh Homeopathic Hospital. Her nursing work has been varied ranging from the study and teaching of massage to the positions of instructor, superintendent of nurses, and superintendent of the hospital in various places from Kansas City, Mo., and Trenton, N. J., to Philadelphia, Johnstown and Pittsburgh. She was Superintendent of her own school for nine years. She helped organize the Pennsylvania State Board of Examiners, serving as a member for fourteen years, serving also as instructor at the Lankenau Hospital, Philadelphia, and at the Conemaugh Valley Hospital, Johnstown.

Miss Giles has always been an active member of the National League of Nursing Education serving for one term as its President, and of the American Nurses' Association. She helped organize the Graduate Nurses' Association of Pennsylvania and has served it as Secretary, and as President for four years. She may be counted upon for interest and support of all important nursing measures, even though she is no longer holding an institutional post. Her many friends will wish for her much enjoyment and usefulness in her less active years.



IT is helpful to think of health as a quality of life capable of enrichment or deterioration. How fine a quality may be obtained by any individual is unknown, but the degree of health obtainable with rational knowledge, attention and effort, is considerably higher for most individuals than they realize. Health, as freedom from disease, is a very low standard; health, as a rich quality of life, is a standard of inspiration and increasing achievement. —*Dr. John P. Koehler.*

Editorials

The Convention

IT will require the official reports of the three organizations *and* the *Journal* to tell the whole story of the Convention for it was a mighty thing. The reports will be available more promptly than in the past. That of the A. N. A. is promised for an early date, the July *Public Health Nurse* will, to all intents, be an official report for the National Organization for Public Health Nursing, and the National League of Nursing Education promises its report in September. All may be ordered from the National Headquarters. Printed words never give the exact color, the flavor, the spirit of a Convention and it requires imagination to create in the mind's eye a panorama of the flag-hung armory with its huge, well-dressed, intent, intelligent audiences, to see the singing throng that gathered when rain prevented an outdoor concert, the gay dancers so lavishly entertained by the medical association, to see the line of delegates filing by the registration desks and to catch the enthusiasm for exhibits whether they offered food for the mind, as at the booth of the American Medical Association and many others, or food for the body, as at some of the displays of edibles and drinks.

Turn the kaleidoscopic views and see the packed ballrooms and roof gardens of the hotels where the special sessions and conferences were held. Shift them again and attempt to visualize the dozens of committee meetings and the arduous Board meetings by means of which the real work of the organizations was carried on. All these go to make up the whole.

Wise folk planned in advance for conferences with particular people they wanted to see, for as has been said elsewhere, bulletin boards overflowed with announcements of breakfasts, luncheons, dinners, teas, drives. We suppose Louisville's patients were nursed that week but Kentucky nurses were everywhere, alert and ready to help the stranger within the gates. Louisville's firemen and policemen, her post office, even her newsboys, were equally alert. Said one "newsy," unconsciously voicing the spirit of Louisville, "Take it now, lady, and pay me when you come back." How Louisville's papers sold! For they gave convention news commanding space and much unusually accurate publicity.

Many delightfully human touches there were. For example, the message that winged its way to Linda Richards, America's first trained nurse, whose ninetieth birthday comes in July, and others from special groups to beloved leaders who were absent. And how everyone admired the good sportsmanship of Texas when it lost to Wisconsin the vote for the next Convention.

Back of it all was the solid meat of the programs—programs which most truly mark a turning point in our professional development, for the first report of the Grading Committee was received with intelligent interest, with enthusiasm, and with a real determination to do something about its implications and the recommendations which were so closely in line with the best thought of the profession itself. It was a great convention—just how great will be measured by the achievements of the future in coping with the problems of over-supply, uneven preparation and lack of coördination in distributing nursing service.

Forty-five hundred nurses participated in the meetings. Forty-five hundred nurses can give a powerful impetus to a cause in which they believe. Upon them rests the burden of proof of the greatness of the Biennial of 1928.

"Play Up"

"PLAY up! Play up, and play the game!" Over and over this line from a well-known poem recurred to memory as the crowded week of the Biennial rushed on to its triumphant conclusion. To begin with, the weather made rather serious demands on the sportsmanship of the thousands of nurses scattered throughout the hotels and homes of Louisville, but it apparently did not affect either spirits or attendance in any appreciable degree.

Never have the national organizations built a more carefully coördinated program. Never has a program been carried out with greater precision or by speakers of finer quality. Never has a program seemed to be so acceptably stimulating to all the interested groups nor has one ever more effectively shown the fundamental unity of the profession. It was the content of the program, not the weather, that brought Newbolt's line so frequently to mind.

Selection, Preparation, Distribution, and Appraisal of Nursing Service! Under these four headings the many topics which were discussed may be ranged. Every single one of them calls for that combination of qualities —courage, persistence, honest thinking and loyalty to a clearly recognized objective which are summed up in the word "sportsmanship." Nursing, more than most professions, is possessed of a divinely inspired sportsmanship, for nursing is always team' work, often with the stake of life itself to win.

Nursing has but recently entered upon an era of scientific evaluation of its own procedures. This Convention will go down in history as that at which Dr. Burgess presented the completed study of the economics of nursing, "Nurses, Patients and Pocketbooks." The enthusiasm with which the book was received seems to indicate a readiness on the part of the profession to "Play up." No one at Louisville had any illusions about the tasks before them. They are complex and they are difficult. Nursing faces the hard task of selecting for our schools with discriminating care the women who are to have the privilege of carrying the profession on to ever higher levels of accomplishment. The report shows clearly that unwise selection is the very root of many of our difficulties.

The preparation of nurses is a matter of constant study by both the League and the National Organization for Public Health Nursing, but as the studies of the Grading Committee go on, it may be expected that new light will be shed upon many problems showing the necessity for further adjustments of curricula. Such adjustments require courage because of the close integration of our schools with hospital nursing service and because of the urgent need of funds for the schools.

The distribution of nurses is a topic of interest to every member of the profession for each is concerned to find the niche which she can best and most happily fill. The eagerness of private duty nurses to secure all possible information, the sincerity of registrars in facing their problems, the thoughtful discussions of public health groups were greatly stimulated by what came to be known as Dr. Winslow's session. That fine program was a part of a great whole and provided a

point of departure for group discussions. Dr. Winslow held up a glorious ideal, that of a Joint Bureau of Nursing Service for every community, an ideal first formulated, we believe, by Anne A. Stevens, as long ago as the Atlanta Convention.

Public Health nurses have long been working on methods of appraisal of nursing service and one of the major papers presented to that group was definitely devoted to an "Appraisal of Service." But Dr. Burgess' book is going to set the whole profession thinking, individually and collectively, about means of appraising service. Many are now striving to improve in service, some to attain hoped-for rewards, some for that best of all rewards, the satisfaction that comes from work well done. Many will be like that private duty nurse who said: "I keep on studying because, even though it may do nothing else, it makes it easier for me to live with myself."

How shall we "Play up, Play up and play the game" when we attempt to apply the principles which were discussed everywhere at Louisville to our daily practice? How shall we work toward that joint and inclusive service? In the last analysis the problems of nursing are individual problems. The "game" can't be won by saying "*They* ought to do something about it." It will be won by teamwork in which each individual makes her own contribution, thus strengthening the whole. The schools need the support of their alumnae, the registrars need the support of the nurses they enroll, administrators need the loyal and intelligent support of their staffs, but the reverse of these things is equally true. All need the stimuli of continued study, such as Dr. Judd outlined. Most of all perhaps we need a renewed faith in each other's integrity of purpose and sincerity of aim. That aim cannot be too often stated. It is to serve all patients in accordance with their needs and to be reasonably happy in the growth that comes with thoughtful doing. A lesser profession would be discouraged by the dark pages in Dr. Burgess' book and by the magnitude of the task ahead. But nursing is *nursing!* It will, it surely will, "Play up, play up and play the game" of improved service and of happiness in service.

A Modern Knight Hospitaller

DR. ARTHUR W. BINGHAM, a modern Crusader, and a very good friend of nurses, has just gone on before. As an inspiration to our own lives it behooves us to consider his for a bit. He was a Yale '96 man, who graduated from the College of Physicians and Surgeons of Columbia University in 1900, took his hospital work at Roosevelt and Sloane Hospitals, was Assistant at Vanderbilt Clinic, and taught physiology in his medical Alma Mater for ten years. Since 1913 he has been a Visiting Physician at the Willard Parker Hospital, and for part of the time he was also at Bellevue Hospital.

He felt keenly the responsibility of the medical profession for saving the lives of patients, particularly the children, by using all the resources of science, and new discoveries. His every thought and action was directed toward the prevention of illness among children. He often said, "It is nothing but plain murder to have these children come in with diphtheria, when they should have been immunized." Feeling that the gospel of prevention of communicable diseases was not being preached sufficiently, nor was enough stress being laid on the responsibilities of the hospital for preaching

that gospel, Dr. Bingham put heart and soul into the work of a committee representing child-caring institutions which, in 1921, waited on the Commissioner of Health of New York City and asked for the reorganization of Willard Parker Hospital. This was effected, and when the Medical Board of the hospital was reconstituted, Dr. Bingham was made its President. His constant theme was:

> The protection of patients brought to this hospital must be broader than medical treatment alone. It calls for the creation of efficient health customs in the family units of society; for the prompt recognition of illness; for its early correct diagnosis; for early appropriate treatment, and early adequate care.

In the capacity of President of the Medical Board, Dr. Bingham enlisted the coöperation of everyone connected with the hospital toward the end of saving lives, and made everyone feel like a soldier in the battle. He was always fair and honest in the evaluation of the nurse's contribution to the joint life-saving program of the medical and nursing professions. He was free from petty prejudices about the nurse, and not only anxious to have her give all she could to it, but he did everything possible to clear away the obstacles which might interfere with her fullest contribution. He recognized the nurse as a true co-worker, he neither patronized nor flattered her, but expected her to do her full share with the same critical intelligence, the same independent loyalty, and the same sense of personal responsibility as the doctors themselves give to the work in hand.

Dr. Bingham was determined that nothing should interfere with saving the children's lives in the hospital. He believed in getting the best nursing service possible, giving the nurses responsibility for their own job, backing them to the limit, and demanding results. He saw the need not only for an educational program, but for a liberal and sound policy, and supported it. His own faith in his colleagues, and his impartial justice in handling problems involving the medical and nursing staff and his enthusiasm for cherishing the children's lives made him not only beloved, but trusted by both groups.

As one means for accomplishing the ends of the hospital, he established a system of "medical accounting." Said he:

> The medical, nursing, and social services must have definite objectives, carefully planned, in order to make united effort both effective and measurable. Medical accounting is just as necessary for efficient control of a medical service and just as important in reducing costs in deaths and days' illness where patients are treated in large numbers, as is the budget for the control by the administration of the costs in dollars and cents.

As part of the nursing accounting system he initiated a monthly report of especially ill patients with columns for the medical diagnosis, the nursing problem, the nursing measures used, the result to the patient, and the names of the nurses who had done good work on that patient. Inclusion in this monthly honor roll is much prized by the nursing staff.

Dr. Bingham also had plans for increasing attractions of living conditions, and allowing as much opportunity as possible for the gratification of individual tastes. He thought that better work could be done if some of the normal, human desires of nurses could be satisfied.

He was a modern Knight Hospitaller, with something of the mediæval saint mixed with the militant ardor of the Crusader and with the scientific spirit of the scholar and physician. He inspired in all those

connected with him what he said we all needed:

> A hunger for the truth, a hunger to find out what is right to do about it, and then a determination to do it. In the carrying out of this policy the fullest coöperation is looked for from everyone in the hospital in making our common effort to save those children.

The Gotham Hospital

THE women physicians of New York City are planning a 250-bed general hospital of much more than local interest. It is to be a demonstration hospital in many ways and "traditional features will not be retained solely because they have been employed by hospitals in the past." Its prime purpose will be caring for patients of moderate means. Another departure from generally accepted custom is that it will provide opportunity for staff positions and for internships for medical women. Men will be invited to join the courtesy staff, and will later be invited to join the regular staff just as rapidly as other hospitals in New York City offer comparable opportunities to women practitioners of medicine.

Plans for the nursing service are of especial interest to *Journal* readers. A group of nurses, including Miss Nutting and Miss Goodrich, gladly accepted invitations to serve as Consultants to the Committee on Nursing Service. That Committee, in accordance with the suggestions of the nurse consultants, brought in a report based largely on the findings of the Grading Committee on the present over-production of nurses. The hospital will, therefore, be built with a view to employing a graduate staff instead of adding another school of nursing to New York's already long list.

The recommendations of the Committee on Nursing, which have been accepted by the Board of the hospital, are illuminating in the extreme. It is planned to secure a directrice of nurses well in advance of the opening of the hospital and to give the nursing staff chosen by her "complete autonomy in purely nursing problems such as the distribution of hours, living conditions, discipline and nursing technic." The suggestions for hours, salaries, etc., used as a basis for discussion, are liberal.

The report sounds a bit like the millennium, so unusual is it for nurses to be called in consultation in advance even of the planning of a hospital and to have a voice in selecting the type of nursing service to be employed. The medical women of New York deserve the whole-hearted coöperation of the nursing profession in putting into effect so forward-looking a plan.

Two University Schools Receive Endowments

THE Schools of Nursing at Washington University, St. Louis, and at Western Reserve, Cleveland, will long remember the 1928 Commencement season.

A gift of $50,000 to Washington University was made at the University Commencement by George O. Carpenter, who is a member of the Corporation of the University, and Mrs. Caroline G. Carpenter, who has long been graciously and wisely interested in nursing in St. Louis and who is a member of the Administration Board of the School of Nursing.

Western Reserve's gift is from Mrs. Chester Bolton, "fairy godmother" and wise counsellor of the School of Nursing. Mrs. Bolton's gifts to the school now total $2,250,000. The *Journal* has joyfully chronicled her previous gifts of $750,000. The new gift of $1,500,000 is in the form of an endowment and makes Western Reserve the most heavily endowed

school of nursing in the world. In announcing the gift at Commencement, President Vinson said:

> The trustees have now accepted the nursing school as an integral part of the University, to be operated as such.

To the roll of honor of women who have understood the pressing financial needs of nursing, we gladly add the name of Caroline Carpenter. She is in distinguished company, for the roll reads: Florence Nightingale, Helen Hartley Jenkins, Frances Bolton, Caroline Carpenter. All honor to them for the vision that, coupled with generosity, so greatly helps to advance the preparation of nurses for their service.

A Deserved Honor

FRIENDS of Edna L. Foley, and they are many, from all walks of life, will rejoice when they learn that she was honored by her Alma Mater, Smith College, on June 18, with the degree, Doctor of Science, with this citation:

> Edna Lois Foley, graduate of Smith College, of the class of 1901, and of the Hartford Hospital Training School for Nurses, Superintendent of the Visiting Nurses' Association of Chicago, the largest organization of its kind in the world, a skilled nurse and teacher of nurses, a wise and vigorous administrator, an authority on public health and social welfare, a large-hearted and keen-sighted student of human nature.

Miss Foley began her career with a special interest in children, though her first work in Chicago was devoted to the tuberculous. She has held her present position for twenty-one years. The human side of her work appeals to her even more than does the professional side, as all can testify who have worked with her, who have known her well, or who have heard her infrequent public addresses. The true nursing spirit is hers, whether she is doing war work in Italy, caring for a sick member of her own staff, or chatting with a newsboy, up too late at night at his task. Not always does such a spirit receive the honor that is its due.

Professional Exclusiveness

MOST important of all, Board members feel the need for close and frequent individual contact with the superintendent of nurses. Education through association in work offers the surest guarantee for the continuance and success of that work. Professional exclusiveness is, I think, less in evidence with the public health nurse than with those in hospital and private practice. Is it not true, however, that some superintendents, and many doctors, still prefer the kind of Board that concerns itself chiefly, if not wholly, with the raising of funds and the replenishing of supply cupboards? This does not make for complete partnership and the work will show this defect in the long run, if not immediately. Pressure of time and work, together with a lack of understanding of the value and possibilities of the common service to be rendered, are accountable for this state of affairs. Frankness, mutual respect, vision and tolerance are required by both volunteer and professional, and they should provide a sound basis on which the technic of partnership can be worked out.—From "The Contribution of the Volunteer in Nursing Service" by Dr. Helen R. Y. Reid, in The Canadian Nurse, *March, 1923.*

A Brief Glimpse into the Past and the Future[1]

BY CARRIE M. HALL, R.N.

IN behalf of the National League of Nursing Education, I wish to thank the citizens, and especially the nurses, of Louisville and of Kentucky, for their unlimited cordiality. Southern hospitality is known to all and no greater evidence of it could be shown than in the reception which we have had, and in the wise and careful plans for carrying on the work of this great convention. We anticipate a week of intense application to the problems confronting us. We expect to thoroughly enjoy the recreation and the social aspects of the program offered by your committees. We hope to gain much from our conferences, and trust that we shall leave something with you which will be lasting and helpful, and not too much obliterated by the remembrance of the labor and worry which it will have been to care for this great meeting.

Since we met, two years ago, in a joint session at Atlantic City, the League has held its thirty-third annual meeting in San Francisco. It has today opened its thirty-fourth annual session.

The spirit of the San Francisco meeting was one of true scientific investigation into questions pertaining to the conduct of schools of nursing and related subjects. There was nothing visionary about it. We were a group of honest women searching for the truth concerning ourselves and our work. There will be further reports on some of the same subjects this year.

Other than the 1927 convention, the two greatest pieces of work of the League have been the completion and publication of the Curriculum for Schools of Nursing, and the Conference on Nursing Schools Connected with Colleges and Universities. This latter was undertaken in combination with the Department of Nursing Education at Teachers College, New York. Although participation in this conference was limited to a group of about sixty or seventy persons, all of whom were in some way related in their work to problems of this character, a report of the proceedings has been published by the League, and may be secured at a reasonable price.

Each year our publications become more numerous and valuable, both educationally and financially. One of the activities at Headquarters which consumes a great deal of time is the preparation, distribution, and sale of our publications.

I want to take this opportunity to thank the nurses of the country most heartily for their annual support of the "calendar sale." This is the most lucrative of the publications of the League, and goes a long way toward financing the expense of our Headquarters. Many of you know that

[1] Read at the Biennial Convention (the thirty-fourth annual meeting of the National League of Nursing Education), Louisville, Kentucky, June 4, 1928.

our beloved M. Adelaide Nutting has gathered together a number of her addresses, many of which had been prepared for the League, into a book entitled "A Sound Economic Basis for Schools of Nursing." During the year Miss Nutting has bequeathed all future income from this book to the League, and although she modestly assures us that the income will not be large, the League has already begun to receive royalties on it from the publishers.

The Grading Committee has brought to us concrete results of the first two years of its program. Many of us will feel that some of our opinions are substantiated, but all will be shocked at some of the findings in the statistical reports. The seasonal feature of private duty work and the unemployment conditions in this field bring a serious economic problem to the individual nurse. The need for some solution to the question of stable economic support for schools of nursing is no less acute, and is doubtless a project which deserves study by the League and others.

At the end of the three years as President of this body, I am more than ever convinced that the function of this organisation in directing the preparation of the nurses of the country is quite the most far-reaching in its results and therefore, of the greatest importance of any of our professional activities. The educational work of a profession must of necessity be its very backbone. New problems are constantly arising, needing study and conference. It has seemed wise, therefore, to hold our meetings annually; and because of the importance of this educational program, I am not able to visualize this work relegated to a section of another organization, even though a very sympathetic one.

Improvement of the Nurse in Service: an Historical Review[1]

By Blanche Pfefferkorn, R.N.

Executive Secretary, National League of Nursing Education, New York, N. Y.

THE improvement of the nurse in service, in its broad implications is as old as is nursing. Nursing and its preparation, whether related to the undergraduate or graduate, is, in most of its phases, inseparable from service. But the improvement of the graduate nurse as a deliberate pursuit, either for professional or cultural growth, is yet in its infancy. It is not the purpose of this paper to deal so much with the more deep-rooted causes of the present situation as to set forth the actual historical expressions with their underlying philosophy; and to point out that improvement has been achieved in two distinct ways: improvement while doing the job, which to the present time has been more or less incidental and unorganized; improvement away from the job in periods of time devoted to study on a highly organized scheme. One needs to know what has happened in these past fifty years for a just evaluation of the present and for any

[1] Read at the Biennial Convention (the thirty-fourth annual meeting of the National League of Nursing Education) Louisville, Kentucky, June 6, 1928.

constructive prediction and plan for the future.

An epoch-making event in the history of American nursing and probably in the world's nursing history, was the gathering of nurses at the World's Fair in the city of Chicago, in the year 1893. The first national nursing association, the American Society of Superintendents of Training Schools for Nurses, dates its birth from that occasion. From the time of its origin the declared purpose of this organization has been "to further the best interests of the nursing profession . . . by promoting fellowship among its members by meetings, papers and discussions of nursing subjects and by interchange of opinion." Here indeed was the beginning of a great tidal movement which gathered force and spread its influence with an amazing rapidity. Annual meetings were instituted, programs were carefully mapped out, and practically every issue related to better nursing schools and a more expert nursing corps was considered in the first ten years of the Association's life. Registries, alumnae associations, teachers' courses and other postgraduate work are found among the subjects studied. One is profoundly moved in reading over those early reports by the prophet-like vision, the breadth of concern, and the extent of activities of that early nurse-leader group. How well they moulded the future, how carefully they included in their thinking and acting opportunities for improvement of the graduate nurse, is evident in the further paragraphs of this paper.

Among the first studies projected by the American Society of Superintendents of Training Schools as essential to the growth of the graduate nurse was that of the alumnae association. A paper presented by Sophia F. Palmer, at the second annual convention (1895), records the existence of 124 training schools in the United States, of which 25 report societies of some form. Miss Palmer in her paper urged the organization of alumnae associations as speedily as possible, even though there should be so few as three eligible members. There are no immediate data on the present existing number of alumnae associations. We do know that the last List of Accredited Nursing Schools, published by the American Nurses' Association in 1926, lists 1,806 schools, and while the newer institutions may not have yet organized their alumnae, a conservative estimate would fix the present number of such associations as at least three-quarters, or 1,354, of the number of accredited schools. Between 1,354 alumnae and 29 alumnae there is a difference of 1,335, an astounding development in thirty-two years. Many of these associations hold monthly meetings; in some instances definite courses of study have been adopted; others have founded scholarships and loan funds in addition to sponsoring special activities. The alumnae associations provide a measure of great potential power for devising ways and means in graduate nurse advancement.

Inasmuch as the function of the American Society of Superintendents of Training Schools for Nurses has always been of a specialized type and the membership restricted, that body early realized the need of a national association to which every nurse graduated from a reputable school would be eligible. In accordance with this belief, L. L. Dock prepared a masterly thesis on "A National Association for Nurses and Its Legal Organization" for the third annual convention. Following the reading of this paper, a committee was appointed

to draft a constitution and to call a meeting, and the result of this action was the Nurses' Associated Alumnae of the United States and Canada, which first met on September 2, 1896, at Manhattan Beach. The American Nurses' Association is the organization successor in the United States to the American contingent of the Nurses' Associated Alumnae. Of the activities further recounted for graduate nurse improvement, many were and still are joint enterprises of the American Society of Superintendents of Training Schools for Nurses, the Nurses' Associated Alumnae, and the third national nursing association, the National Organization for Public Health Nursing, created in 1912. Little has been done which has not had its origin in the idea of some member of these three national nursing associations and their respective developing state units. The annual and biennial conventions, both of national and state associations with their often carefully-thought-out technical discussions and later publications have been inestimably important as contributing factors in the professional development of the nurse.

According to the report of the Committee on Periodicals, Nurses' Associated Alumnae, "No sooner had the Society of Superintendents been formed . . . than the need of a journal managed, edited, and owned by the women of the profession began to make itself felt." The *American Journal of Nursing*, which became the official organ of the Superintendents' Society and the Associated Alumnae, was established through the work of this committee. Five hundred and eighty-one is the number of subscriptions recorded for the first issue published, October 1, 1900. Today the *Journal's* circulation is over 23,000.

The history of the *Public Health Nurse* is linked with the *Visiting Nurse Quarterly* of Cleveland, first published by the Cleveland Visiting Nurse Association "in the familiar blue cover" in 1909. In 1912 the Cleveland Visiting Nurse Association gave its young *Quarterly* as a "christening present" to the infant National Organization for Public Health Nursing.

Many alumnae associations publish their own periodicals, and in late years a number of professional magazines and bulletins have been issued by state organizations and other geographical groups. An editorial in the *American Journal of Nursing*, April, 1906, refers to the increasing "literary excellence" of the *Nurses' Journal of the Pacific Coast* and also makes note of the *Johns Hopkins Alumnae Magazine* and the *Illinois Quarterly*. In December of the same year, another *Journal* editorial announces "A very creditable alumnae magazine" published by the U. B. A. Hospital, Grand Rapids, Michigan, and that the "Presbyterian Alumnae of New York City have also started a *Journal*, and the Alumnae of the Hospital of the Good Shepherd, Syracuse, are considering ways and means of doing the same." The editorial further pronounces "all such magazines, as being great forces in the education of nurses."

The extent a periodical becomes "a great force in the education of nurses" will depend primarily upon two factors: the discriminate selection of material as to content and literary excellence, and the liberal use to which the magazine is put. The nursing profession is fortunate in the educational opportunity offered by the high standards of its two national magazines, the *American Journal of Nursing* and the *Public Health Nurse*. By the same token, it is much to be

lamented that their circulations are not larger: 23,000 is far too low for the *Journal*, as is 5,000 for the *Public Health Nurse*. Professional growth for the individual as well as for the group cannot go forward lacking current professional information.

In discussing periodicals as one agency for improvement of the graduate nurse, there are stages and special departments of the *Journal* which claim one's attention as revealing the thought of the time and which are of special interest in an historical treatment.

The early issues were plainly concerned with the individual nurse. Group action was in its infancy; state associations, club houses, pension funds, do not occupy the space in the early years of the *Journal's* life as in those succeeding. The graduate nurse quite obviously looked to her new magazine as an instrument to give her personal, practical help and there is abundance of evidence that her expectations were well met. One finds under "Book Reviews" the greater part of 1902, a section on "Books To Read to Patients" conducted by Lavinia L. Dock. Says Miss Dock in the February issue,

> When the days of convalescence begin and the patient, ceasing to be a "case," becomes once more a human being and demands something to read, it is often difficult to suggest the right thing

and then in her characteristic, inimitable style she suggests with a brief review "the right thing." In "Book Reviews" in the following year there appears under the caption "For Recreation Reading," an analysis of current fiction, and among the books recommended is that one which, once read, is forever gratefully remembered, "Mrs. Wiggs of the Cabbage Patch." Then, for some years, the *Journal* abandoned the policy of publishing lists of popular readings until, in the March, 1909, number an editorial appears on "Current Literature of Interest to Nurses" in response to the request of a *Journal* reader "to suggest articles appearing in current literature which it would be of interest or benefit to nurses to read." From that date until June, 1911, such a list was published almost monthly.[2] One thinks there must have been some good prohibitionists in our early group. Among the articles cited for reading are: "America Sober," *Outlook*, February; "Evidence against Alcohol," *McClure's*, March; and "The Story of an Alcohol Slave," *McClure's*, August. How recent, too, are those postulates and discoveries which have so profoundly affected medicine and nursing, is strikingly evident by a paper found in this section on "A Brief Consideration of the Contagious Theory of Tuberculosis," *New York Medical Journal*, September 4, 1909.

With the January, 1906, *Journal*, a column on "Practical Points" later changed in name to "Practical Suggestions," was begun and continued with some interruptions to February, 1910. Subsequently it became incorporated in the "Letters to Editor" section. Certainly the suggestions made in this page were practical and must have been very directly helpful, to the private duty nurse. Again through it we are reminded that we live in a history-making age and that the need for versatility of abilities is historically as true of the nurse as it is today. In October, 1907, there appears in this page the following notation:

> A new device called the thermos bottle will keep liquids placed in it an even temperature,

[2] In January, 1923, the *Journal* again began a series of reviews of current literature called "Other Books Worth Reading."

hot or cold, for a long time. If a nurse has no gas of easy access, she can keep sterile water sufficiently warm all night for use in doing dressings. It comes in pint and quart sizes and is too expensive for general use.

Another suggestion is from a nurse who was quarantined in a home with deaf mutes. She writes:

When having some time off a case, it would be a good idea to get a printed alphabet and learn it (method of talking with fingers of both hands) as the knowledge may sometime prove valuable.

One cannot close this *Journal* account without mention of the many useful papers written for and addressed directly to the graduate nurse, some rich in content of new principles and methods, others urging graduate work on the part of the nurse, both professional and cultural. Quoting from "Specialties in Nursing" by Katharine DeWitt, October, 1900:

There are dangers besetting all paths, and the best of nurses must beware of that familiarity with her work which breeds carelessness, and of the narrowing of her interests, which can best be avoided by occasionally taking up postgraduate work along other lines than her own.

Dr. A. Worcester in an address, "Is Nursing Really a Profession?" published in 1902, gives as one of the five deciding tests, "Acknowledging the need of continuous study." There are few pages of the *Journal* which do not directly or indirectly make the urge for more and better graduate study.

One of the early committees appointed by the Nurses' Associated Alumnae of the United States was a "Committee on Course of Study." From the reports on record, the purpose of this committee was to suggest courses of study for alumnae associations and to follow up its suggestions by surveys in order to ascertain the extent to which they were actually put to use. Evidently the committee was created sometime in 1898 or 1899, as the report submitted by it at the fifth annual convention of the Associated Alumnae, May, 1902, includes a "*Résumé* of work done since its formation," which goes back to 1899.

The influence of this committee's work can be definitely traced, not only in its own reports, but also in the numerous announcements made by the individual alumnae of their particular programs. The movement, transitory though it was, represents one of the most serious attempts recorded on the part of alumnae to better the preparation of their members. In the "Editor's Miscellany" of March, 1902, comment is made on the excellence of the lectures in sociology of the New York Associated Alumnae course. A joint winter study course of the Associated Alumnae of New York City (Bellevue, Presbyterian, St. Luke's, Roosevelt, and Postgraduate) is reported for the winters of 1901 and 1902, the 1902 program covering a course of lectures given by the League of Political Education. Boston, in 1904, announced a course of lectures arranged for the nurses and their friends at the Boston Medical Library; the Rhode Island Nurses' Club, in 1905, a series of twenty lectures on "Philanthropic Movements in the United States That Have Awakened and Promoted the Nursing Profession." This particular form of intensive study began to wane about 1907, and while doubtless here and there are still to be found alumnae with carefully-worked-out programs, the period of its height was the first decade of the nineteenth century.

As all the nursing world knows, the first course in universities for graduate nurses was established in 1899, Teachers College, Columbia University, under the title of Course in Hospital Economics. The mother of this

course was the American Society of Superintendents of Training Schools for Nurses, and the story of its birth, fostering, and development, is truly a story of ideals and devotion. One is tempted to pause and trace step by step the history of this course. But since in this study it represents one type of movement, even though that movement be predominantly important, only the barest outlines are here given.

It is a matter of keen historical interest, perhaps not very well known, that the idea of the course at Teachers College first appears in a paper to consider the qualifications desirable for membership in the American Society for Superintendents of Training Schools for Nurses, given at the fifth annual convention of this Society, in February, 1908, by Mrs. Isabel H. Robb. Said Mrs. Robb:

> It is generally conceded by instructors in other kinds of schools, that in addition to the diploma secured it is necessary for those who intend to teach to have a further course in a school of pedagogy or in a normal school. . . . Why should not this hold equally well with a woman who elects to become a teacher in a school for nurses? . . . There are already training schools for teachers established in this country, notably one just recently affiliated with Columbia University, New York. Why should we not take advantage of them?

As a result of this paper, a committee was appointed (the League Education Committee) "to study the whole subject," and at the next convention, in 1909, Mrs. Robb, as chairman of the committee, reported an interview with the Dean of Teachers College, Columbia University, and a proposed course of study for eight months, the average cost of which would be $400, including board, laundry, and tuition. Four nurses applied and two actually registered for the course the first year, in the fall of 1909. The gradual development of programs for teachers, supervisors, and directors in institutional and public health nursing work, the struggle to finance the course through the treasury of the Superintendents' Society and contributions of its individual members, until endowed in 1910 by Mrs. Helen Hartley Jenkins, make a glowing record in the nursing education history of this country. Into this record is written indelibly the name of M. Adelaide Nutting.

Except for Columbia and the program, offered at the Western Reserve University School of Nursing, and the University of Cincinnati, the development in universities and colleges for graduate nurse study has taken chiefly the form of summer sessions. In 1912, the University of North Dakota, a state university, reported in the *American Journal of Nursing* a "course in nursing which was offered for the first time this year." The announcement goes on to say:

> The work of the students was most satisfactory from every standpoint. They are most enthusiastic concerning this opportunity for graduate nurses in North Dakota. They hope to return next year and matriculate for other studies of benefit to the nurse.

The same year, 1912, the Hospital Economics Course, Columbia, now the Department of Nursing Education, announced a summer session, and the next year it reported a summer enrollment of thirteen students with the statement

> The weather was unusually favorable, and though the summer session is not to be recommended as an ideal vacation for a tired worker, the students this year have seemed none the worse for their six weeks of study.

While the Department of Nursing and Health did not itself provide for summer sessions until 1912, one finds as early as 1904 an announcement in the *Journal* of the Summer School of Columbia University (fifth in number)

which calls attention to the courses of special interest and attraction to nurses: domestic science, physical education, and chemistry. The announcement is repeated in 1905, 1906 and 1908.

Courses for public health nurses have sprung up and rapidly multiplied. In 1917 Boston University College of Business advertised a special summer course in industrial nursing; the Chicago School of Civics and Philanthropy announced its special courses for public health nurses, to cover a half and full academic year; and in 1918 public health nursing summer sessions were published for five different institutions, and in 1927 for twenty-three.

Courses for nursing-school teachers and administrators have been less rapid in development. The University of Washington announced a summer course for Training School Administrators in 1921, Stanford University in 1922, and since 1922 a number of other universities, widely scattered, have reported summer sessions. In 1927 summer courses were given for directors, supervisors, and teachers in nursing schools in ten universities.

A nursing section was conducted in connection with the Iowa State Teachers' Convention in 1922. It is interesting to record that the New Mexico State Nurses' Association held its third semi-annual meeting coincident with the New Mexico Teachers' Educational Institute (1923). Conferences covering a period from one to several days have been instituted by state public health nursing organizations, and here and there state and city boards of health have arranged special programs for their graduate nurse staffs.

Not until 1920 did the so-called institute movement take hold in nursing and since that time the popularity of institutes is attested by the increasingly large number announced each year. The time of these institutes varies from one day to two weeks, the program may be concentrated on one particular topic or cover a wide range of subjects. A nominal fee is usually charged—just sufficient to cover the expenses entailed. Generally these institutes have been held under the auspices of one or a combination of the state organizations, although such sessions for public health nurses have also been sponsored by state and city health departments and state and county tuberculosis associations. Several excellent articles have been published on the nursing institute: one by Isabel M. Stewart,[3] another by Helen Wood,[4] and one by Carolyn E. Gray.[5]

The caption, Postgraduate Courses in Hospitals, is here employed for this movement not because it is correct, but because it has acquired popular usage. The courses offered in hospitals to graduate nurses have not been postgraduate in the academic sense; neither their organization, content, nor instruction has warranted the application of this term. Supplementary courses for graduate nurses would more adequately express the type of work given to date. The explanation is historical and part of the hospital economic problem. Not education, but service and the training incidental to it, furnishes pretty generally the underlying motive and

[3] "Summer Institutes for Superintendents and Teachers of Nursing Schools," Isabel M. Stewart, *American Journal of Nursing*, Vol. XX, 1920, pp. 862-863.

[4] "Value of Institutes, Summer Schools and Extension Courses to Instructors and to Superintendents," Helen Wood, N. L. N. E. Annual Report, 1922, pp. 82-91.

[5] "The Purpose of Institutes," Carolyn E. Gray, *American Journal of Nursing*, Vol. XXVI, 1926, pp. 113-116.

conditions of the postgraduate courses in hospitals.

The psychology of the whole situation is profoundly thought-provoking; the persistence with which nurses seek opportunities to supplement and enrich their undergraduate nursing preparation and the consistence with which a majority of these courses continue a service-training program. Nurses themselves have long recognized that nursing as a scientific, progressive occupation requires almost constant refreshing, not only on the academic but on the clinical side as well. An editorial in the American Journal of Nursing, May, 1903, states that

> If Nursing is to become a profession . . . there must be provided means by which the women may keep in touch with new lines of research in medicine and methods in nursing.

The editorial goes on to say that

> Much may be done by reading, but nursing is a work peculiarly dependent upon manual dexterity and only the actual practical demonstration of a change in technic can give a nurse the necessary skill.

Technics change, new treatments develop, and with them new nursing methods, so that a system whereby the graduate nurse may "brush up" and secure clinical instruction and practice becomes a practical, professional necessity.

One of the first courses announced for graduate nurses was that offered by the Woman's Hospital and Infant's Home, Detroit, 1902, described in a paper on "Postgraduate Work" by Maude McClaskie.[6] This course seems to have been instituted on a reasonably sound basis; at least it included lectures by the specialists of the medical staff and classroom work with practical demonstration by the supervising nurse once a week and further, through the courtesy of Mrs. Lystra Gretter, "nurses . . . were allowed to attend the Farrand Training School lecture course." Following is an excerpt from a paper on "My Impressions as a Postgraduate" published in the *Journal* in 1904:

> There were classes and clinics both medical and surgical that we were privileged to attend. I went to a good many and liked going, but very often was too tired even when I had the time. . . . Could it not be possible to shorten the hours of graduates giving them more time for study and making it compulsory to attend certain classes and clinics? To partly cover the expenses I would suggest that an entrance fee be charged.

At the annual convention of the Superintendents' Society, May, 1905, Clara D. Noyes read a paper on "Postgraduate Study for Nurses." This paper presented the results of a survey covering 114 general hospitals and 20 special hospitals. Some of the characteristic findings are as follows: Of the general hospitals of 100 beds or more, 26 give a "supplementary postgraduate course," only three of which

> Make any provision for a regular course of lectures and class work. The others permit the graduates to attend the lectures and classes of the pupil nurses but as many of the schools admit graduate nurses only during the vacation season, there are no lectures and classes to attend. . . . In one a fee is charged of one dollar per day, while in others we find allowances given of varying amounts to as much as twenty dollars a month.

A better report is given for the special hospitals. Of the twenty which returned the schedules, "fourteen provide lectures and classes, the majority give no allowances, while others give from six to fifteen dollars per month."

In the discussion following Miss Noyes' paper, the Massachusetts General Hospital was reported as offering a two months' course to its graduates, the New York Hospital from one to

[6] "Postgraduate Work," Maude McClaskie, A. S. S. T. S., Ninth Annual Report, 1903, pp. 59-63.

two months, the Polyclinic of Philadelphia a six months' course, the Boston Eye and Ear Infirmary four months, and Bellevue a course for its own graduates. Others early instituting this work were the Presbyterian Hospital, Chicago, the Manhattan Eye and Ear Hospital, New York City, the Boston Floating Hospital, Boston, the Memorial Hospital, Richmond, Virginia, and the Free Hospital for Women, Brookline, Massachusetts. The announcement of the Manhattan Eye and Ear Hospital states that instruction is given by the house surgeon and others. A postgraduate nursing course was advertised by the Woman's Hospital in the State of New York in 1907, with the statement that "a course of lectures is given by the attending physicians and surgeons, and classes and demonstrations are conducted by the principal of the training school and her head nurses."

An early endeavor, in 1908, to better prepare head nurses is found in an announcement of "a six-months' course in institutional management to a few graduates of its own school" by the Massachusetts General Hospital, Boston.

At a round table conference on postgraduate hospital work at the biennial convention in Seattle, 1922, the conclusions included the following statement:

> Postgraduate courses are not at all well developed. The consensus of opinion is that we deplore postgraduate courses being given merely to increase the working force of the hospital.

It would seem that the conduct of hospital postgraduate nursing work is not very different now from what it was in 1902. In the study published by the American Medical Association in March, 1927, 167 hospitals in the United States are recorded as providing instruction for graduate nurses in 21 different subjects. No data are included to indicate the exact content and character of these courses, nor how worthy they are to be labelled postgraduate courses in nursing.

Closely allied to hospital postgraduate courses in nursing are the opportunities for improvement provided for the staff nurse (often termed the general duty or floor nurse) either within or without the institution. Certainly not much has been done within the institution and little more for encouraging and creating easy contacts for growth without. One outstanding case is that at the new University Hospital of the University of Chicago, where the superintendent of nurses has announced a policy which provides that the staff nurse, along with others, shall have the privilege of the campus benefits. Is it not reasonable to assume that grading and dignifying this position, so that it offers the same considerations for a freer, fuller life as do other offices in the institution, may be in large part the solution of the staff-nurse problems in the hospital.

Search the annals of nursing history as one will, and nowhere can one find any reference to measures for conserving and promoting the personal health of the graduate nurse. The idea that her service and achievement are interrelated with her physical upkeep is amazingly absent. Not only is there omission of positive concern, but there is an almost alarming evidence of negative conditions, and this evidence is not restricted to the nineties and early part of this century. We need to revive the old Greek concept that the physical, intellectual, and the spiritual are inseparably interwoven.

The field of supervision and staff education as it relates to the graduate nurse, particularly in institutions, is

relatively undeveloped. True, there have been supervisors in nursing schools for a number of years, but their efforts have been directed more toward the student nurse than the head nurse or the graduate in other capacities. Then too their function seems to have been largely interpreted as administrative, so much so that the opportunities for a constructive advisory and teaching program have been often lost sight of. There is evidence in the last four or five years that the tide is reversing. A number of the universities offering summer sessions in nursing education in 1926 included in their schedules courses in supervision, and Teachers College, Department of Nursing Education, has given such a program since 1910. Institutes, too, have adopted for their central topic, supervision.

No printed record has been found of definite programs of staff education for the hospital and nursing-school staff, but that such programs do exist, we know. Many institutions hold regular faculty conferences and in a number of instances a program is carefully worked out. At the present time, several interesting experiments, an outstanding one at Bellevue, providing for an improved type of instruction and supervision of head nurses are in operation in New York City and undoubtedly much more will be done in this field in the near future.

The Education Committee of the National League of Nursing Education began, in the autumn of 1926, a study on the duties, qualifications, and preparation of the various members of the nursing-school staff. It is reasonable to assume that a study of this type will include in the final report, recommendations not only for preliminary preparation but for a continuous form of improvement while in service as well.

Practically no legislative measures have been adopted which specifically define educational schedules for the graduate nurse in the nursing school and hospital and control her employment through compulsory observation of such schedules. The University of the State of New York in its Special Rules Relating to Nursing Schools makes the following specifications with reference to the nursing school faculty:

> The faculty must include a director or superintendent and *three* or more assistants, one of whom shall be qualified as a teacher. . . . The director of the school must be a registered nurse qualified by general and professional education and thorough executive experience or postgraduate instruction in training school methods and management.

Several other states have made similar provisions.

Before closing, it might be pointed out that practically every activity recorded in this paper for the improvement of the nurse in service has its parallel in the movement for the improvement of the teacher in service in the public school system. No less valiant than the teacher group have been the efforts of the nurse group to add to their professional capital, intellectually, technically, and spiritually. A sheet with an outline[7] of the present-day agencies for the improvement of the teacher in service has been mimeographed for distribution at this session. Many of the agencies so listed are similar to those described in this paper for the improvement of the nurse. Differences too are obvious, differences which are profoundly significant as related to public interest and participation, and ways and means to kindle desire, and to give practical assistance to the individual seeking opportunity.

[7] From the "Improvement of the City Elementary School Teacher in Service" by Charles Russell (1928).

But for all of our endeavors, the history of the improvement of the nurse in service is still in the making. In the various movements enumerated, some transitory, others persistent, is evident a consistent determination on the part of the individual and the group to find ways to become better qualified nurses and more intelligent and useful citizens. With the increase of adult educational opportunities and the present emphasis on group conference and sympathetic supervision, it is probable that the next few years will see some of the old activities refined and a more intensive, widespread effort for systematic, progressive programs in staff education.[8]

And Now Noguchi

TO the lengthening roll of heroes of science who have sacrificed their lives in the cause of human health and welfare, has been added Dr. Hideyo Noguchi. This noted Japanese scientist died of yellow fever in Accra, West Africa, May 21, 1928. The history of his life and the circumstances of his death are such materials as one finds in great dramas of war and exploration. It is unfortunate for both science and civilization that there is no way to dramatize the story of Noguchi and his great achievements. He has been a Commanding General among the forces fighting preventable diseases. Yellow fever, syphilis, trachoma, are among those toward whose conquests he made notable contributions. Improvements in the preparation and use of vaccine for protection against smallpox, and of antivenins to counteract the results of poisonous snake bites, are among other types of life-saving researches credited to Dr. Noguchi.

In one way or another every member organization in the National Health Council is indebted to this great scholar, leader, and friend of mankind of whom it may be said, in Stevenson's words, "Gladly he lived, and gladly died, and he laid him down with a will." Japan and the United States will feel his loss intimately as of a member of the family, but Dr. Noguchi belonged to the World and wherever scientific progress is being made, the news of his death will be received with a sense of great loss.—William F. Snow, M.D., President of the National Health Council.

The following brief abstracts of accounts which have been written of him are set down here for reference of many readers who will be interested in the many-sided activities of this resourceful investigator:

"Dr. Hideyo Noguchi, of the Rockefeller Institute for Medical Research, died at Accra, West Africa, May 21, 1928.

"Dr. Noguchi gave up his life for humanity in a scientific endeavor to discover the relation between South American and African yellow fever. The results of the bacteriological studies made by him in South America proved inapplicable to yellow fever as it exists in West Africa. His work in Africa has just been completed, and only a few days before he expected to sail, he was himself stricken with yellow fever. Dr. Noguchi had weighed the dangers of the undertaking and went, on what, unhappily, proved the last of an extraordinary number of successful scientific expeditions, prepared to make the extreme sacrifice.

"Dr. Hideyo Noguchi was born on November 24, 1876, at Inawashiro, Yama County, Fukushima, Japan. He studied medicine at the Tokio Medical College from 1893 to 1897 and received the license to practice medicine from the Japanese Government in 1897. He married Mary Dardis in 1911.

"From 1898 to 1899 he was assistant in the Government Institute for Infectious Diseases, Tokio, and during this period he held a lectureship in bacteriology at the Tokio Dental College.

"Dr. Noguchi came to the United States in 1900 and joined the pathological staff of the University of Pennsylvania under Dr. Simon Flexner. He remained at the University of Pennsylvania until 1903, having been designated research assistant of the Carnegie Institution of Washington. He continued his studies at the Statens Serum Institute in Copenhagen, under Dr. Thorvald Madsen."

[8] In assembling the material for this paper the following original sources have been employed. Because of space limitations, it is not possible to here publish the name of source, with date, volume and page number for each historical reference: Annual Reports of American Society of Superintendents of Nurses for Training Schools, later renamed National League of Nursing Education, 1894–1927, The *American Journal of Nursing*, Vol. 1, 1900–Vol. 27, 1927, The *Public Health Nurse*, Vol. 15, Nov., 1923, *Journal of the American Medical Association*, March, 1927, pp. 709-712, University of the State of New York *Bulletin*, No. 833, 1925, p. 23.

Department of Red Cross Nursing

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THE WORLD'S WAR MEMORIAL

UNDER a cool, blue sky and sparkling sunshine, the cornerstone of the World's War Memorial was laid at 4.30 p. m., May 31, 1928. Chief Justice Taft presided. Mr. Robert Luce, a member of the Commission erecting the building, spoke on Government participation. Mabel T. Boardman, through whose untiring efforts the building has become a reality, spoke on the purposes of the building. Dwight F. Davis, Secretary of War, accepted the Memorial. Twenty-one organizations of women who were active in war work participated by laying mortar upon the stone, following President Coolidge and others. These included the Nursing Services of the American Red Cross, Army, Navy, United States Public Health Service, American Home Economics, Young Women's Christian Association, Catholic War Council and others.

This building dedicated to the Heroic American Women in the World War, stands on the same block, and slightly to the rear, of the Memorial to the Women of the Civil War, now occupied by the National American Red Cross as its headquarters. It will be "used exclusively by the District of Columbia Chapter of the Red Cross," except in case of some great national emergency, when it may be used by the National Society.

In the box in the cornerstone will go many mementos of women's work in the World War, including reports of the various organizations; a khaki-covered Bible, such as were given the service men; photographs and autographs of the men and women who were leaders in 1917–1918, including President Wilson, Chief Justice Taft, Miss Boardman and Miss Delano; photographs of President Coolidge and Mrs. Coolidge; the United States flag and Red Cross flag; the Constitution of the United States and Declaration of Independence; Henry P. Davison's "American Red Cross in the Great War"; the "History of Red Cross Nursing"; Miss Boardman's book "Under the Red Cross Flag at Home and Abroad"; a copy of the *Red Cross Courier*, coins and stamps of the United States and a map of Washington.

EARTHQUAKES IN BULGARIA

FROM Bulgaria we hear distressing news of the suffering from earthquakes. The press has carried articles showing the extent of the destruction. Hasel Goff, the former Director of the School of Nursing at Sofia, Bulgaria, who has recently visited that country on a mission for the Rockefeller Foundation, writes of her trip through the devastated area in a most graphic and feeling manner. Thousands, she states, are without homes, food and clothing, seeking such meager shelter as the conditions of the country may afford. Miss Sendova, Miss Goff's successor at the School, writes as follows:

> Here from the School we have saved 340 loaves of bread and have sent it to the needy. There are many families here in Sofia that have taken children in their homes. It is reported that 105 people were killed, 672 seriously injured, 16,000 houses completely wrecked and 10,000 seriously damaged. It is estimated that 200,000 people are living in the open air because their homes are either destroyed, collapsed or damaged. Cold rains,

wind, hunger, agony and depression of soul are already making a drain on the physical condition of the people and the prospects of epidemics and tuberculosis create a frightful anxiety. . . . I went to Philippopolis and the conditions are really worse than one can imagine. All the patients of the hospital are out in the yard, most of them in beds. A few are still on the grounds waiting for the barracks to be put up. They had but seven nurses for 280 patients. We sent two nurses from here yesterday, etc.

This brief extract shows not only the deep distress, but the fact that through the creation of a School of Nursing, well trained nurses are now available to help the Bulgarian Red Cross in its relief work. The American Red Cross has sent $25,000 together with large supplies of clothing.

Changes in Warsaw, Poland, School of Nursing

THIS Department recently carried a résumé of the various schools of nursing in foreign countries which have been sponsored by the American Red Cross. Among these was the Warsaw School. It was shown that American Red Cross supervision was about to be withdrawn, the School then passing over entirely to Polish direction. Our readers will be interested to hear that Helen Bridge, former Director of the School, was married on April 28, 1926, in Paris, France, to Charles W. Shartle. For the present it is her intention to spend some time in Europe in travel, returning possibly to Poland in the autumn to visit the School and the many friends whom she has made in that country. Miss Bridge has made a great contribution to nursing, as well as to Poland, itself, in helping to establish nursing in that country on a sound educational basis. She leaves in the School and its graduates, an enduring memorial to her devoted service.

Lost Badges

BECAUSE of the large number of requests for duplicate badges, the following statement which appeared in the June first issue of the *American Red Cross Courier* is reprinted in this department for the guidance of Red Cross nurses.

Again and again, through the *Red Cross Courier*, the *American Journal of Nursing*, and circular letters to the State and Local Committees on Red Cross Nursing Service, the regulations controlling the use of the Red Cross badge have been given. When the badge is issued to a nurse whose application for enrollment has been accepted, instructions governing its use accompany it. In spite of these instructions, however, nurses are apparently continuing to wear the badge contrary to regulations, with the result that requests for duplicate badges are steadily increasing.

For example, in the space of three weeks, thirty-eight duplicates have been requested. The usual reason given is that the badge has been lost. Where do they go and who is wearing them? One was recently returned from New York City, where it was discovered on a small boy. This belonged to a nurse in West Virginia.

These badges are the property of the American Red Cross, and every nurse who is permitted to wear one should make every effort to protect it from loss and subsequent misuse. We believe that comparatively few would be lost if they were worn in strict accordance with regulations. It should be remembered that unless worn when in Red Cross service upon a Red Cross uniform, it should be worn as a decoration. As discriminating taste is always observed in the matter of wearing decorations, so discrimination should be exercised in

wearing the Red Cross badge, under similar circumstances.

As a means of identification the badge is valuable, the appointment card is perhaps even more so, and can be carried inside one's handbag for use when the proper occasion arises.

When the badge and appointment card are issued, acknowledgment of their receipt is requested. A self-addressed postcard is enclosed for this purpose, yet great difficulty is experienced in securing acknowledgments. Over and over again a follow-up letter is necessary. We again call attention to the importance of returning the acknowledgment card. As the recipient is at no expense for her enrollment, we feel that strict attention should be paid to this detail, especially when return postage is provided.

Insignia for Red Cross Nurses' Uniforms

At the Annual Meeting of the National Committee on Red Cross Nursing Service in December, 1927, the question of insignia for use on the sleeves and hats of Red Cross nurses who are wearing the uniform came up for discussion.

In accordance with the regulation—"the Red Cross must be super-imposed upon a white ground"—this led some time ago to the adoption of a wash insignia, round in shape, upon which the word "nurse" appeared. This was later found entirely unsuitable for capes, sleeves of ulsters and hats.

As a result of the discussion a small committee was appointed to study the question and submit suitable designs, etc. The work of this committee has resulted in the presentation of a very satisfactory emblem in heavy red silk, upon a narrow white ground, edged with dark blue. The larger insignia which will be used on capes and ulsters measures about two and one-half inches across, and the smaller one for the hat measures one inch.

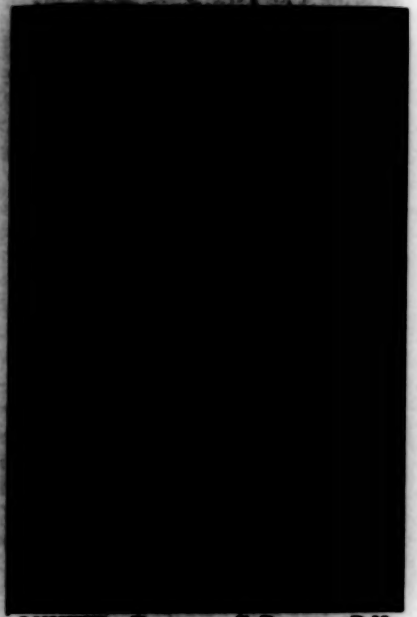
The wash insignia, upon which the word "nurse" appeared, will still be used upon the gray uniform of the Public Health nurse. The new type of insignia was approved by the National Committee at a special meeting held in connection with the biennial convention in Louisville, Ky., on June 7, 1928.

The wash insignia will be given to the nurses, the other has been placed on the re-sale basis, the larger size at twenty-five cents, each, and the smaller at ten cents. It is hoped that nurses who are using the cape and the ulster and hats will promptly supply themselves with this new type of insignia, which can be secured from the Nursing Service, National Headquarters, American Red Cross, Washington, D. C.

Enrollments Annulled

The enrollment of the following American Red Cross nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Mrs. Pearl A. Bundy, *née* Zavits; Nellie Alberta C. Callaro; Ella S. MacLeod; Mrs. Clementine Nelson, *née* Whittle; Olga Amanda Nese; Magdalena Nes Ehrenmer; Lelia Newbise; Lucius M. Newell; Nicholas Lewitan; Blanche Emily Nilsen; Mrs. John J. O'Brien, *née* Pearl Ford; Nance O'Brien; Mrs. Emily R. O'Donnell, *née* Murphy; Rose Mary Offering; Catherine Annelise O'Grady; Isabel Nora O'Hara; Mrs. Louise Irene Olive, *née* Ensin; Marie Olsen; and Mrs. Robert Orndoff.

Who's Who in the Nursing World



LXXXIV. Elizabeth C. Burgess, R.N.

CLEAR vision, an unusually judicial quality of mind, love of nursing, and tenacity of purpose, have brought distinction to Elizabeth C. Burgess despite an innate modesty that would like to shun the limelight. Miss Burgess is a native of New England and possesses to a marked degree the durable qualities of character said to be characteristic of that section of the country.

Upon graduation from the Roosevelt Hospital School of Nursing, in New York City, Miss Burgess immediately began her lifework in nursing education. She has found time for a period of private duty. She has been Assistant Superintendent at her Alma Mater. In 1910, when schools were just beginning to install instructors, she taught successively at Bellevue and St. Luke's in New York City. Then the Middle West claimed her, and for four years she directed the Nursing Service and the School of Nursing at Michael Reese Hospital in Chicago. She returned to New York State as Inspector of Nurse Training Schools, from which duty she was released by the Board of Nurse Examiners during the World War for patriotic service at Washington, and was Assistant Inspector of Nursing Service in the office of the Surgeon General of the Army. After the war Miss Burgess became Secretary to the Board of Nurse Examiners. During this period she was lecturer at Teachers College, Columbia University. Ultimately she joined that faculty, and is now Associate Professor of Nursing Education, a position in which her knowledge of practical situations, combined with teaching ability, is brought to highest usefulness. She holds the B.S. and the M.A. degrees from Columbia.

Miss Burgess is an indefatigable worker. She has been equally active in the League and the State Nurses' Association. As Vice President and President of District 13 of the New York State Nurses' Association she has been deeply interested in the problems of private duty nursing, and she is now Chairman of the very active Official Registry Committee.

The range of her interests and the eagerness with which she is sought are indicated by her other committee activities, for she is a member of the National League's Committee for the Study of Nursing Education in Colleges and Universities; she is also one of the League's representatives on the extremely important Committee on Grading Nursing Schools. At Louisville, she was elected President of the National League of Nursing Education.

In Louisville

Biennial Convention, June 4–8

IT was not only a city, it was apparently a whole state that welcomed more than 4,500 representatives and guests of the three national organizations to Louisville, for the Governor of Kentucky traveled from Frankfort to be present on the opening night. And Louisville? The nurses and citizens of Louisville with open-hearted generosity and outstretched hands lavished incomparable hospitality upon their guests. All day, every day, in every hotel and meeting place, representatives were on the *qui vive* to give information, to plan transportation, to offer assistance. Student nurses, lovely in their uniforms, acted as ushers. Car owners, lay and professional alike, kept their automobiles at the disposal of the guests of the city. Homes of distinction and lovely Southern charm were opened for teas and dinners. Taxis, shop windows, the very hearts of the people bore the legend, "Welcome Nurses."

Quite the loveliest expression of all came with the baskets of beautiful flowers that were the daily gift of the War Mothers of Kentucky, mothers of sons whose sufferings form an indissoluble bond between the women who bore them and the women whose high privilege it was to serve them in the dark days now gone.

The weather was not kind to Louisville and her guests, but it daunted neither. When a veritable deluge prevented the Twilight Concert from being held at Central Park on Tuesday night, the Armory was thrown open to a gay throng which thoroughly enjoyed the music of the Standard Manufacturing Companies' excellent band and the splendid singing by the student chorus of popular songs, some of which they had written themselves. Among them were those beginning

June seemed far away when first we heard
Honored guests you'd be

and

To this convention comes the nurse from far and near

and

The first convention I ever saw

sung by the students of Sts. Mary and Elizabeth Hospital, Jewish Hospital, and the Deaconess Hospital respectively.

Nor did the sudden coolness of Wednesday keep many from enjoying the boat rides on the broad sweep of the Ohio, for dancing was the order of the evening. The Racing Commission could not permit the hoped-for horse race at Churchill Downs and the time was utilized for a little more sight-seeing than would otherwise have been possible. As an old guide remarked, Friday and Saturday were certainly Ladies' Days at Mammoth Cave; western Kentucky's historic spots were visited by hundreds, and Berea and Hyden were visited by the chosen few especially interested in the education of the hills or the remarkable maternity work under the inspired direction of Mrs. Mary Breckinridge. No two delegates could have identical impressions, but all have carried away two memories—the fragrance of a most gracious hospitality and the physical fragrance of Kentucky's roses and honeysuckle which add richness to the charm of the drives through the Land of the Blue Grass.

Was it the concept of hospitality associated with the state wherever Kentucky's name is known that set other state groups to planning for get-togethers long before the Convention date? Whatever the cause, there

seemed to be more breakfast, luncheon and dinner gatherings of state, city and alumnae groups than at any previous convention. One popular national officer was heard to murmur something about three breakfasts that morning and another confessed to two dinners in one evening!

The Joint Sessions

MOST of the 4,800 persons who attended the Biennial were seated in the flag-hung Jefferson County Armory at Louisville when the speakers of the evening and the members of the boards of the three national nursing organizations took their places on the flower-decked platform for the opening program on the evening of Monday, June 4. S. Lillian Clayton, President of the American Nurses' Association, presided.

The invocation by Right Reverend Charles E. Woodcock, Episcopal Bishop of Kentucky, was followed by vibrant and glowing addresses of welcome by the Governor of Kentucky, Hon. Flem Sampson, and the Mayor of Louisville, Hon. William Harrison. In responding, Miss Clayton said:

> We know that nature has been most generous with her gifts to the state of Kentucky. We also know that Kentucky has made the best use of these gifts, for by her intelligent use of them, she has increased her natural and acquired talents many times. In using the gifts so lavishly bestowed by nature, the spirit of it all has overflowed into Kentucky's people and thus the generous welcome that has been tendered these organizations tonight. . . . Let us, during the days that are ahead, face the problems confronting us and make every effort to see all sides of the questions presented and then let us see clearly the principle underlying the problem. To these principles we must dedicate ourselves in all our discussions and deliberations.

The response by Carrie M. Hall, President of the National League of Nursing Education, is published in our Department of Nursing Education.

Mrs. Anne L. Hanson, President of the National Organization for Public Health Nursing, concluded a most gracious response with an amusing reference to the growth of N. O. P. H. N. from infancy and pre-school age and its matriculation into the school age, and added:

> Like all modern youth it has courage to experiment and believes in lively progress. Over and above all the N. O. P. H. N. members have a strong belief in family solidarity and therefore assure the American Nurses' Association and the National League of Nursing Education that no matter how many other groups we become affiliated with, we are first and foremost nurses—with the fundamental principles of the profession as deeply embedded in our souls as in those of other nurses. As members first and foremost of the A. N. A., we will stand loyally with the great mother groups.

Nina D. Gage, President of the International Council of Nurses, was unable to be present and greetings from the International were given by Clara D. Noyes, Vice President, who urged those present to attend the meeting of the International Council of Nurses in Montreal in July, 1929, saying that "one rarely begins to visualize international nursing until one attends an international Congress." Miss Noyes then spoke of the "Nursing Service of the American Red Cross," of which she is the Director, and which, since the last Biennial, has passed through a period of activity surpassed only by the World War. Over 47,000 nurses have enrolled in this magnificent service but it requires a continuous enrollment of 180 nurses each month to maintain it at an efficient level.

One International representative, Martina Guevara of Cuba, was presented. She was sent by the Cuban Government and brought with her an interesting exhibit which was displayed in the A. N. A. booth. An artist from the Metropolitan sang

most charmingly and then the speaker of the evening, Dr. Charles H. Judd, Director of the School of Education, University of Chicago, gave the brilliant address on "Adult Education" which may be found elsewhere in this issue.

DISTRIBUTION OF NURSING SERVICE

Nurses were heard to say that the session on Tuesday morning on the general subject, "Distribution of Nursing Service," at which Mrs. Hansen presided was alone worth the journey to Louisville. The gist of it —Dr. C.-E. A. Winslow's vision of a Joint Council on Community Nursing in every well-ordered community—is a concept with which the nursing and allied professions will be concerned for years to come. Summaries of the papers by Dr. Winslow and Sophie C. Nelson and the entire paper by Marion Rottman are published in this issue.

THE MENTAL HYGIENE SESSION

The fact that a joint general session was devoted to Mental Hygiene and that it was well attended, is proof of the growing interest of nurses in this extremely important subject. Elnora Thomson, of the University of Oregon, presided.

Dr. William L. Russell, General Psychiatric Director of Bloomingdale Hospital, White Plains, New York, summed up his paper on "The Place of the Nurse in Mental Hygiene" as follows:

The following are lines of progress in which nursing, especially the nursing organizations, nurses in important executive and teaching positions and nurses engaged in public health work, school nurses and social welfare nurses, may use their influence and effort with advantage.

(1) The development at general hospitals of psychiatric medical and nursing service, to take the place of the present antiquated and crude methods of treatment and of indiscriminate exclusion of cases that could, by means of skillful attention, perfectly well be cared for.

(2) The introduction into general nursing education of psychiatric methods of observation and nursing attention, utilizing cases in the general wards of the hospital and out-patient departments which present psychiatric and personality problems. The case study method employed at the New Haven Hospital provides a good start.

(3) The further development of psychiatric and mental hygiene training in the education of public health nurses, school nurses, child welfare nurses and other nurses who are required to deal with children's problems, and problems of personal and social adjustment.

(4) The advancement of nursing and nursing education in the public and private and benevolent hospitals for mental disorders and their utilization in the advancement of psychiatric training for all nurses.



Miss Martina Guevara
Sent by her Government to represent the Cuban nurses at the Biennial

Dr. Ralph P. Truitt, Director of the Baltimore Clinic, Mental Hygiene Society of Maryland, in an illuminating address on "The Child Guidance Clinic," paraded in rapid succession a few historical situations which led to the coining of the term "Mental Hygiene" in 1908. "Unfortunately

for the insane," said Dr. Truitt, "Dorothy Dix, the Florence Nightingale of the insane, had only a single span of life to live and the job she undertook was not completed."

There is no denying the fact that nervous-mental diseases in this country represent one of the largest public health questions today and this problem must be seriously attacked in the future before a great deal of further progress can be made in other public health fields. More than 50,000 insane are admitted to the public institutions of this country each year. This means that twenty years from now, and within our generation, more than 1,000,000 people, mostly children, now in homes and schools, will have found their way to state institutions for the insane. There are today more than 280,000 individuals occupying beds in state hospitals for the insane and this about equals the number of beds occupied by the combined medical and surgical patients in all general hospitals. Along with these problems of behavior there must be considered a fair portion of the 600,000 men, women and children who, during the next year, will find their way into prisons, reformatories and correctional institutions. Their background and their problems, in many instances, are not unlike those of the mentally diseased. Add to these groups the feeble-minded, epileptic, psychopathic and that great host of mentally ill, suffering with what is commonly called "nervousness" and "nervous breakdowns," and one can realise the bigness of the problem.

In discussing the child guidance clinic, Dr. Truitt stated:

It is a community agency for the study and treatment of the whole child. To be sure, the children to whom it ministers come to its care because of disordered habits, troublesome personality traits or unacceptable behavior—intangible difficulties in the psychological rather than in the physical realm. But it is the essence of the modern philosophy of mental hygiene to look upon these things merely as symptoms, as the outward manifestations of serious underlying disturbances which may be found, in the final analysis, in the mental, physical, or social spheres but which in any event are destroying the harmonious adjustment of the child to the environment.

To understand and correct the basic factors causing these symptoms is therefore to strike at the very roots of mental disease, delinquency, dependency, and other forms of social inadequacy and failure. In the search for these underlying causes it is impossible to separate the physical and mental aspects of the human personality and to treat them independently. As a new therapeutic agency for the prevention of individual and social ills, the child guidance clinic therefore reflects in its organization and practice the modern trend of psychological theory which seeks a fundamental unity in the many-sided aspects of human personality and behavior.

Dr. Truitt believes that "perhaps the most that the child guidance clinic can claim as its contribution is the simplicity of its aim! It leaves to parents the job of raising children, to teachers the task of educating them, and to the church the problem of directing their spiritual lives. It recognises that most of those who have to do with children have some special important purpose, while the Clinic's major interest is limited to discovering what the child is and, through that discovery, to assisting others in doing their necessary job with him."

The child guidance clinic has no magic formulas and is not yet in a position to supplant parents, teachers, judges and others who up to this date have felt some responsibility for leading the child in the way he should go. It is quite content to have them continue in their present rôles and is modestly interested in giving more power to them since its own effectiveness depends on the healthy growth of their functions and the possibility of their developing resources complementary to its own.

Dr. Truitt made it abundantly clear that, in his judgment, nurses have not yet taken their rightful place in the mental hygiene movement:

Miss Julia P. Wilkinson, in 1928, writing in *Mental Hygiene* about the "Education of the Nurse in Mental Hygiene" says: "It is significant to note that the nurse's unpreparedness has been the social worker's opportunity and that in this field the psychiatric social worker has developed with rapidity and success. . . ." She mentions that "two closely related lines of development are coming more and more into prominence and may in time

revolutionize hospitals and hospital training. These are (1) the growing recognition of the mental element in all disease and (2) the emphasis, in the teaching of all the services in the hospital, on the preventative aspect."

From the day the nurse begins to teach the mother about putting the new-born infant to her breast, in following its earliest instinctive demand, to the day when that same child's great-grandmother is tottering in her "second childhood," there are opportunities for insight into and the handling of mental hygiene problems.

For general orientation purposes, the nurse generally has access to literature, lectures, courses in mental hygiene, social psychiatry, behavior problems of childhood, psychiatric nursing and social work, and contact with clinical work. Some of this material is beginning to arouse interest in schools of nursing but for the most part nurses, like future physicians in training, are receiving little education in the general field of mental health. For this reason, most nurses and physicians interested in mental hygiene will have to pursue the subject as something apart from their regular training, although acquaintance with mental hygiene promotes a better grasp of all factors involved in problems confronting the nurse, whatever specialty she chooses. Acquiring some knowledge of mental hygiene for the most part still rests in the hands of the individual but without a doubt the interest of the individual nurse will eventually result in the incorporation of mental hygiene into nursing curricula.

Frank J. O'Brien, Ph.D., M.D., Director of the Psychological Clinic, Louisville, Kentucky, presented the subject, "What a Mental Hygiene Clinic Has To Offer a Public Health Nurse" by a series of vividly described cases. Although related to public health nursing, it is obvious that knowledge of mental hygiene would add to the efficiency of the private duty nurse in equal measure.

Grace E. Allen, presenting the subject "Mental Hygiene in a Generalized Program," described the work of the East Harlem Nursing and Health Service which was started in 1925. Said Miss Allen:

Critics of nurses in the mental hygiene field sometimes say that they will run wild, and try to analyze and diagnose and prescribe for the mental illnesses of their patients. Why should they? Dr. Haven Emerson has described nurses as a "gentle and biddable group." Nurses do not run wild in the field of medicine. Surgeons and internal medicine men can trust us. Why should not psychiatrists? Certainly no one would advocate turning a public health nurse loose to organize and run, unaided, her own mental hygiene clinic any more than she would be expected to run a tuberculosis clinic without a physician to head it up. There must be a set-up—a psychiatrist, a psychologist, and a mental hygiene supervisor. The latter may be a psychiatric social worker or a public health nurse with experience in psychiatric social work.

Of the future Miss Allen says:

Future developments, if public health nurses are to do efficient work in a nursing organization's mental hygiene clinic, are:

(1) The inclusion in hospital training of courses in mental hygiene.

(2) The addition to college courses in public health of a major in mental hygiene.

(3) The provision of practical experience in mental hygiene field work.

THE GRADING PROGRAM

Carrie M. Hall presided over Thursday night's epochal meeting. Dr. Nathan B. Van Etten, general practitioner, gracious gentleman, student of nursing affairs and member of the Grading Committee, spoke on "The Human Triangle." Said Dr. Van Etten:

The patient, the physician and the nurse are the figures of a human triangle whose troubles are attracting the active interest of economists all over the world. Each one of these three actors is not only studying the other two, but is also conducting self-examinations through organized physicians, through organized nurses and through organized lay agencies which have as participants both physicians and nurses. The patient, the physician and the nurse are each fighting leaping economic bottles. While the patient fails to budget his sickness, the physician fails to budget his overhead and the nurse fails to budget her future. . . . If the nurse is running so close a race with the scrub woman that the ratio of salary figures are as 13 to 12, something must be wrong in a system which in any manner permits such a possibility.

Dr. Van Etten believes that the entrance requirements for nursing schools should be four years of high school, that the high schools should be prepared to give elective pre-vocational science courses for nurses, that the hospital or clinical period should be two years of preparation for the R.N. and that a subsequent year of public health nursing and institutional nursing, respectively, should be made available.

The appearance of May Ayres Burgess, Ph.D., evoked applause such as is usually reserved for the greatest of nursing's own. Holding aloft the scarlet-bound volume, "Nurses, Patients and Pocketbooks," she presented to the profession the results of a year and a half of concentrated study of the problem of supply and demand in nursing. With vivid and precise diction she told of the satisfaction of working with nurses and of what their coöperation had meant to the progress of the study. With carefully planned charts she indicated the road that nursing must travel if it is to become an economically sound profession. Only a courageous and gallant profession could have applauded to the echo a speech so prophetic of toilsome and arduous days to come, before the shining goal of nursing service for every patient of whatever race or kind is reached. Some of the high lights of Dr. Burgess' speech may be found in this issue. To get the complete story, it is necessary to read "Nursing, Patients and Pocketbooks."

"The book cost $35,000," said Dr. Burgess, "but no nurse would consider that too great a price for the truth about the economics of her profession."

In closing the meeting, Miss Hall reminded the great assembly that the work of the Grading Committee is financed largely by nurses and that, although the profession had already given about $35,000 it was her hope that the goal of $100,000 might be reached, largely through the gifts contributed by individual nurses.

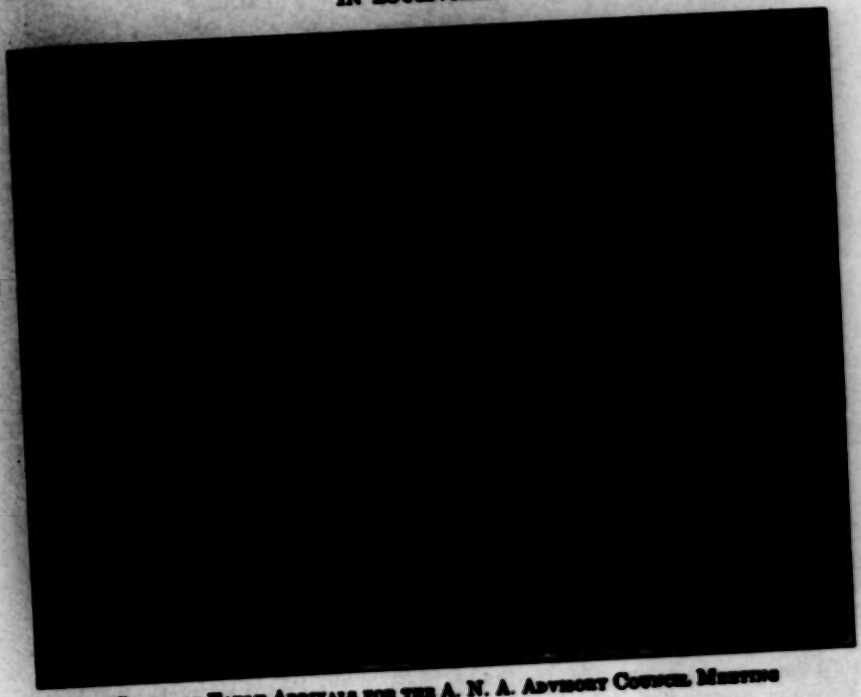
The A. N. A.

REPRESENTATIVES of thirty-eight states attended the Advisory Council meeting on Sunday afternoon, and on Monday forty-six answered the roll call. It was an opportune time for the Headquarters office to present to the president of each state association, a "President's Portfolio" containing a valuable collection of information about the Association and its activities which is necessary for the proper understanding of the important task of guiding a state association.

Need it be said that it was a great Convention? It was. Never before has there been a more alert body of delegates or a better program. A report of all proceedings will be published and may be obtained from A. N. A. Headquarters, 370 Seventh Avenue, New York City, at a cost of 75 cents.

The Private Duty Section

The Private Duty Section presented a program of unusual distinction. In the absence of the Chairman, Vada Grace Sampson, Helen F. Greaney of Pennsylvania presided. Miss Clayton, President of the A. N. A., instead of the message prepared especially for the private duty nurses, read the stimulating address which had been read by title only to the House of Delegates. This appears on the first page of this number of the magazine. The excellent papers on "Floor Duty" and on "What the Registry Offers the Private Duty Nurse" appear in this issue, also, and we hope to publish later Nancy Fry's paper "What Does Group Nursing Offer to the Private



GROUP OF EARLY ARRIVALS FOR THE A. N. A. ADVISORY COUNCIL MEETING

Duty Nurse?" At a later session Anna E. Gladwin of Ohio was elected Chairman and Helen F. Greaney, Vice Chairman of the Section.

THE LEGISLATIVE SECTION

With characteristic vim, A. Louise Dietrich presided over the meetings of the Legislative Section. It was decided that members of the Boards of Nurse Examiners of the various states need to get together for conferences on the non-legal aspects of their work in the hope that more uniform standards may be brought about. The formation of a Legislative Council was discussed but no definite action was taken beyond the appointing of a committee for further study.

The formal program of this section was concerned largely with legal difficulties in relation to registries, as it has not yet been conclusively shown that legislation is a real help in solving the problem of securing the nurse of known qualifications for the patient. A very thoughtful paper by Caroline V. McKee on "The Possibility of Establishing a National Reciprocity Board" will be published in a later issue.

Josephine Thurlow of Massachusetts was elected Chairman; A. Louise Dietrich of Texas, Vice Chairman; and Ethel Swope of California, Secretary.

MENTAL HYGIENE SECTION

This section provided an admirable program for a Joint Session. At the business session, "The Place of Nursing in the Mental Hygiene Movement" was discussed.

Effie J. Taylor of the Yale School of Nursing was reelected Chairman; and

Anne K. McGibbon of Butler Hospital Providence, Rhode Island, Secretary.

GOVERNMENT NURSING SECTION

This section put on one of the best programs in its short history as a section. Lantern slides were shown of the five federal services. Those of the Army, shown by Captain Blanche Rulon, were chiefly of the recreational facilities available for members of the Army Nurse Corps. Miss Davies, Assistant Superintendent in the Navy service, showed some of the Navy hospitals that fringe our shores, the hospital ships and some of the educational opportunities offered nurses in service. Miss Minnigerode, the Chairman of the section, waxed enthusiastic about her own service, the United States Public Health Nursing Service which, though numerically small, is of fundamental importance in the health work of the country. Mrs. Mary A. Hickey showed some outstanding examples of the far-flung Veterans' Bureau hospitals; and Elinor Gregg of the Indian Service closed with fascinating pictures showing the primitive mode of life of many of the Indians and the kind of pioneer work needed in this, the youngest of the federal nursing services.

At a second session, an extremely well-written paper on the "Army School of Nursing" was presented by Malvina M. Grewes, student in the School; and George A. Miller, a graduate of the Pharmacist's Mates' School of the Navy, proved that a male nurse could with dignity and composure face an interested audience composed entirely of nurses of the opposite sex.

It was announced that the requirements for civilian nurses in government service are now "two years of high school, graduation from a hospital school of nursing with a daily average of fifty patients and one year of experience in administrative work or two years in private duty nursing."

Elinor Gregg was elected Chairman of the Section.

REGISTRARS' CONFERENCE

Mary Margaret Muckly of Minneapolis presided at this Conference which proved to be one of the most interesting held during the week. Ella Sinsebox of Buffalo presented the topic, "Shall Management of the Registry be under control of Nurses Only?" She answered her own question by saying, "If the interest of all groups it serves is obtained, cannot better service be rendered if all groups are represented?" The Registry Board of Buffalo has one-half nurse representation and the other half from medical and lay groups. Two-thirds of the members of the Board must be present at meetings to transact business. Much interest is taken in the work of the Board by medical and lay members.

Minnie Ahrens of Chicago then spoke on the "Function of the Registry" (1) toward the community, (2) toward the hospital, (3) toward the nurse, (4) toward the physician, (5) toward the visiting nurse association. "We have thought of the registry as serving the nurse only, but the first responsibility is to the community if it is to be successful," said Miss Ahrens. "Are we serving the community? Are we meeting the different nursing service needs?" There must be the very closest coöperation with the hospitals and we must know their needs. The nurse's wishes should be considered as to types of cases she desires when this does not conflict with service to the community. Always follow through all complaints of the doctor and get the nurse's viewpoint, too, as the doctor

may need to see the nurse's viewpoint. Miss Ahrens raised the question as to what ought to be the proper name used for the registry. This was referred to the Registry Committee of the A. N. A. for further study.

Olive Lebold of Cleveland discussed "The Registrar's Responsibility to the Nurse," stating that the nurse depends upon the registry for employment and the registrar must know the needs and demands of the community. Registrars should make contacts with doctors and other groups or sources to put before them the service. It is important to have personal interviews with members of the registry, when necessary, for constructive criticism. Know your nurses. Make them feel that they are responsible to themselves for their own educational advancement.

Miss Martin of Detroit spoke on "The Nurse's Responsibility to the Registry." Miss Martin maintained that the nurse must keep the contract she assumes when becoming a member of the registry, as a member is not an individual worker but a representative of an association. She must be loyal to the registrar and the registry if efficiency is to be maintained.

"The Obligation of the Public to the Professional Group" was discussed by Cora Gillespie of Seattle, who showed that it is to the public's own interest to assume such an obligation.

In the discussion which followed, Mrs. Lees of New Haven told of the Housekeeping Helpers, women who have had some experience in caring for chronics and who can go into homes. They receive from $12 to $15 a week.

RELIEF FUND CONFERENCE

The intent audience which packed the ballroom of the Seelbach was proof of the wide-spread interest in our sick nurses. Mrs. Janette F. Peterson of California, Chairman of the Relief Fund Committee, was in the chair. Her report startled those who have not been in close touch with this work. It will constitute one of the most important sections of the official proceedings which, we cannot too often reiterate, should be purchased by every A. N. A. member.



JANET M. GEISTER

A careful study of the Fund made for the Association by Mrs. Dorothy Wickenden, through the interest of Janet M. Geister, Headquarters Director, in this important subject, showed some astonishing facts. One-half of the nurses now receiving benefits have been graduated only five years or less, and one-fourth of them two years or less. Almost one-half of the nurses receiving aid have tuberculosis and they are under thirty-five years of age.

Another startling fact came out when the report showed that some of the states are receiving aid far in excess of their contributions. Yet another striking point was made in the statement that no effort has been made to secure reëducation of the nurses who will always have a physical handicap and yet this is an essential factor in most relief-giving programs.

The matter of the administration of the Fund, in order that it may be productive of the greatest possible good for our growing profession, requires further study but there is one thing that can be done, and that immediately—the amount subscribed by individuals and by Associations should be increased in order that it need not be necessary to pay out in any year more than the annual income from the Fund.

It is obvious from the report that young nurses need wise advice and assistance in securing insurance and this, in essence, was the report of the Committee on Insurance of which Marguerite A. Wales is Chairman.

Two papers of outstanding importance were presented at this conference. They were "Tuberculosis Among Young Women" prepared by Jessamine S. Whitney, statistician of the National Tuberculosis Association and "Tuberculosis Among Student Nurses" by Dr. Elizabeth Davis of the University of California. These papers will be published in the August *Journal* and reprints will be available for those who wish to use them in a campaign to promote health examinations, not only among student nurses but among all young women.

SOME IMPORTANT RESULTS

The results of a convention can never really be tabulated. The stimulus to further growth reaches out into the lives of individual nurses in a way that can never be reckoned. Beyond doubt, the thoughtful discussions of private duty and all its ramifications will bear rich fruit.

The decision to complete the Nurses Memorial at Bordeaux, France, by raising an additional $25,000 is one that will appeal to every nurse. The vote of the association on the proposal of the Delano Memorial Committee to devote $5,000 to purchase and dedicate to our gold-star nurses, one of the pillars of the handsome building now being erected in Washington "to the heroic women of the World War" and to be used as a Chapter House by the District of Columbia Chapter of the American Red Cross, will have the general approval of the nurses of the country. It seems certain, too, that those who did not attend the Convention will approve of the action of the delegates in approving further efforts to secure a suitable site for the Delano Memorial.

All of the officers were reëlected. These are: S. Lillian Clayton, President; Elnora Thompson, First Vice President; Jane Van De Vrede, Second Vice President; Susan C. Francis, Secretary; Jessie E. Catton, Treasurer. The newly elected Directors are Dora M. Cornelison of Minnesota and A. Louise Dietrich of Texas. Because of the close vote, the third Director was elected by the Board, as authorized by the Association; Emilie Sargent of Detroit was chosen.

THE NEXT CONVENTION

Throughout the meeting the names of the four states competing for the next Biennial were much in evidence. As had been announced in the April *Journal*, the nurses of the four cities, Denver, Los Angeles, Milwaukee and San Antonio, presented data on the convention facilities available in their cities. In brief, vivid and picturesque

speeches the invitations were presented to the delegates by Louie Croft Boyd, Anne Williamson, Cornelia Van Kooy and A. Louise Dietrich. In accordance with approved parliamentary procedure the vote was taken, not on sentiment or personal desires, but on the suitability of the facilities offered. Milwaukee won the carefully counted vote, for it has an auditorium that will care for all convention needs under one roof and it is close to 85 per cent of the hotel accommodations of the city. Texas, the state of second choice, proved a game loser and applauded the fortunate Wisconsin nurses.

At the League Meetings

THE business of the National League of Nursing Education was conducted with precision and dispatch, for Carrie M. Hall, completing her third year as President, has been singularly successful in perfecting the mechanism of the organization and in securing a high degree of personal and intellectual coöperation in carrying on its important tasks. As the annual report of the League will be available in September, only high lights of the meetings will be given here. Twenty-three of the twenty-eight existing state Leagues reported at the Advisory Council session. Those which are working in close coöperation with State Boards of Nurse Examiners set a fine example. Few, if any, have a maximum membership although some, like Iowa, reported splendid growth. Practically all are supporting the major activities of the National in the use of the "National Curriculum," support of calendar sales and of the Grading program. Many are actively promoting institutes and other educational projects. In Minnesota, for example, the League has furthered the project of securing summer courses in the University and, that of Illinois is working for the endowment of a School of Nursing in the University of Chicago.

General Sessions.—Miss Hall presided over both general sessions.

At the one on Tuesday, Dr. Stephen Rushmore of Boston, presented a paper on "Nursing and Maternal Welfare." Deploring a seeming resentment between medicine and nursing which might be construed to be based on rivalry (an impossible thing, since nursing and medicine are not the same), Dr. Rushmore stressed the growing importance of nursing and, therefore, of education for nursing. "Among all the other things that education may be, we must not forget that it is essentially religious," said Dr. Rushmore. He gave seven principles to be followed by the nurse in prenatal care. Midwives and nurse-midwives the speaker regards as compromises, not to be encouraged except in situations where a compromise is the only answer. The paper closed with the speaker's notion of an ideal maternity service involving a hospital with intra-mural and extra-mural medical and nursing service.

At the second general session, Dr. Hugh Cabot, Dean of the Medical School, University of Michigan, presented a paper on "The Rôle of the University in the Education of the Nurse," which will be published in an early issue of the *Journal*. This was followed by an admirable paper on "How to Make General Duty More Attractive to Graduate Nurses," by Anna D. Wolf of the Albert Billings Memorial Hospital of Chicago. This paper also will appear in a later issue of the *Journal*. It is a striking illustration of the fact that some of the procedures suggested by "Nursing, Patients and Pocketbooks" are already being put into effect by the profession itself. Claribel A. Wheeler of

Washington University, St. Louis, discussed the subject in the light of practical experience also.

The paper on "The Protection of Nurses Against Diphtheria and Scarlet Fever," by Charlotte Johnson of Durand Hospital, Chicago, was both scientific and practical as is Miss Johnson's habit. Miss Johnson, an ardent advocate of the careful teaching and conscientious practice of aseptic technic, is equally ardent in her belief in the use of the protective measures made available by scientific research. Her studies show that 18.4 per cent of student nurses acquired diphtheria before the use of the Schick test; from the introduction of the test in 1914, to 1921, this incidence dropped to 5.8 per cent; after 1921, with the aid of the test and the use of toxin-antitoxin, the figure dropped to 1.5 per cent. Furthermore, during the past year *no* interne or nurse on duty in the Durand Hospital has contracted diphtheria. Neither have they contracted scarlet fever because they were protected by the methods developed by Dr. and Mrs. Dick.

Conferences.—Reports of the conferences on "Nursing Education in Colleges and Universities," Carolyn E. Gray in the Chair; "Practical Problems Relating to Schools of Nursing" presided over by Sally Johnson, and "The Health of the Student Nurse" with Mabel K. Wilson presiding, were interesting and well attended. They will be published in full in the League report.

Education Committee.—Stella Goostray presided at this session in the absence of the Chairman of the Committee, Isabel M. Stewart. Miss Pfefferkorn's paper, "The Improvement of the Nurse in Service," appears in this issue of the *Journal*. Daisy Dean Ureh of California based her paper, "The Position and Preparation of the Directors of Nursing Schools," on seventy replies received in response to 200 questionnaires sent out. The directors responding are on duty from 36 to 86 hours per week—on an average, for 54 hours. They present the widest possible variations in preparation but all claim something beyond the undergraduate course in nursing, if institutes may be considered advance preparation. Ninety per cent of them do classroom teaching. Ninety-nine per cent like their jobs, but only 70 per cent feel that their salaries are large enough. Among the difficulties encountered are "not enough time and energy to do very multitudinous duties," "not enough adequately prepared assistants," and "small budget," but despite all the difficulties the tone of fully 95 per cent of the answers is that of hopefulness.

No head nurse, reading the paper by Mary M. Marvin on "The Position and Preparation of Head Nurses," can fail to be impressed anew with the importance of her own position. "Of primary importance," said Miss Marvin,

> Is a broad knowledge of her clinical specialty, such as medical or surgical diseases, in order that she may be able to think and act intelligently in relation to her patients. Still in ward management, success in managing people, the ability to teach and develop students are of almost equal importance.

Miss Marvin discussed several types of "staff education," that of head nurses and supervisors by means of classes and conferences within the institution either with a member of the faculty as leader or with a well-qualified specialist brought in from without. The most frequent method is, of course, that of securing courses at educational institutions.

Instructors Section.—Maude B. Muse, Chairman of the Section, presided. The influence of this section



OKLAHOMA NURSES AND THEIR BUS

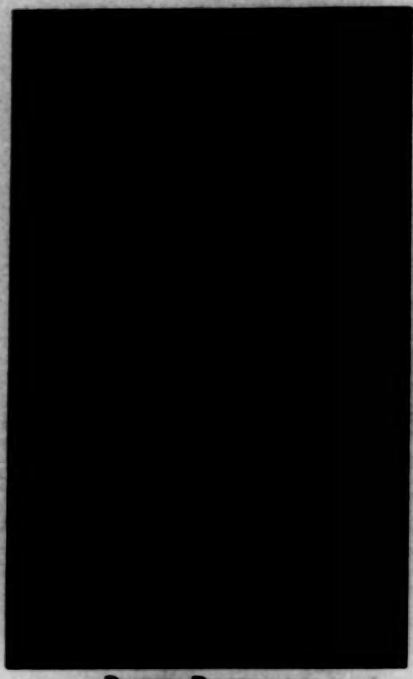
on the education of the nurse was clearly indicated in a report of the work of instructors' sections and state leagues by the Secretary, Ethel J. Odegard. The paper by Louise A. Metcalf on "Achievements of Nurses in Relation to Intelligence Test Ratings" was the most technical we have yet had on this important subject. The large percentage of drop-outs from our schools of nursing (50 per cent in some schools) coupled with the increasing cost of nursing education give ample reason for the effort to find a basis of measurement. The study indicates that the chances of the nurse being successful in her practical work are excellent if she has a good score in theory but that special tests must be devised which will measure the abilities desired in nursing.

Data for the excellent paper by Marion J. Faber on "The Present Use and Future Possibilities of Mental Tests in Schools of Nursing" were compiled from about 100 replies to questionnaires; 20 schools reported on the use of various tests and the general conclusion on the choice of tests is that each locality seems to have its favorite test for no particular reason, so far as being adapted to nursing is concerned. Miss Faber is convinced of the value of mental tests but indicates that much more work must be done.

The third paper in this section was "Suggestions for Individualized Instruction in the Senior Year" by Ruth Bridge. Miss Bridge says that schools report that "the senior students are bored" and finds that the same thing occurs in college seniors. Her suggested solution of the problem is that able students be aided to carry on advance study, possibly through use of the case-study method and that they be graduated with special honors in the subject of their choice, as, for example, in pediatrics.

Business Session.—It was voted to hold the 1929 meeting at Atlantic City as an invitation had been received to "put on an educational program in connection with the *first* International Hospital Conference" in 1929.

The officers elected are: President, Elizabeth C. Burgess, of Teachers College; First Vice President, Shirley Titus, of the University of Michigan;



BLANCHE PFEFFERKORN

Second Vice President, Elsie M. Lawler, Johns Hopkins Hospital; Secretary, Stella Goostray, Children's Hospital, Boston; Treasurer, Marion Rottman (reëlected), Bellevue Hospital, New York. The four Directors elected are Carrie M. Hall, Peter Bent Brigham Hospital, Boston; S. Lillian Clayton, Philadelphia General Hospital; Ada Belle McCleery, Evanston Hospital; Mary M. Roberts, *American Journal of Nursing*. As Miss Clayton, by virtue of her reëlection as President of the American Nurses' Association, is an ex-officio member of the Board, the vacancy created by her resignation to the elected position was filled by the Board at its first business meeting and Charibel Wheeler, Washington University, St. Louis, was elected.

At the business meeting of the Instructor's Section, Marion J. Faber, Illinois Training School for Nurses, was elected Chairman and Ethel J. Odegard was reëlected Secretary.

Blanche Pfefferkorn, Executive Secretary of the League for more than four of its five years at National Headquarters, was granted a year's leave of absence for further study. Her report was an account of the daily and ever-growing activities at headquarters. The increasing requests for pre-vocational and vocational guidance and for placement were again stressed. The rich resources of Headquarters were enumerated and the need of new studies in the professional field vividly portrayed. Miss Pfefferkorn has contributed service of a notably high order to the League. Of a naturally studious nature, she has analyzed the problems presented daily and brought all available resources to bear upon them. From a purely administrative point of view, Miss Pfefferkorn has made almost incredibly careful use of the slender financial resources of the League with the happy result that its present financial basis is the soundest in its history.

With the N. O. P. H. N.

IT was an historic Convention for the National Organization for Public Health Nursing, for in addition to all its other activities, upwards of one hundred "lay" representatives of boards of visiting nurse and other nursing associations gathered from many states and formed a Lay Section to be known as the Board and Committee Members' Section of N. O. P. H. N. Mrs. Whitman Cross of Washington was elected President and Mrs. C.-E. A. Winslow of New Haven Vice President of the new section.

At the Brown Hotel, headquarters of the National Organization for

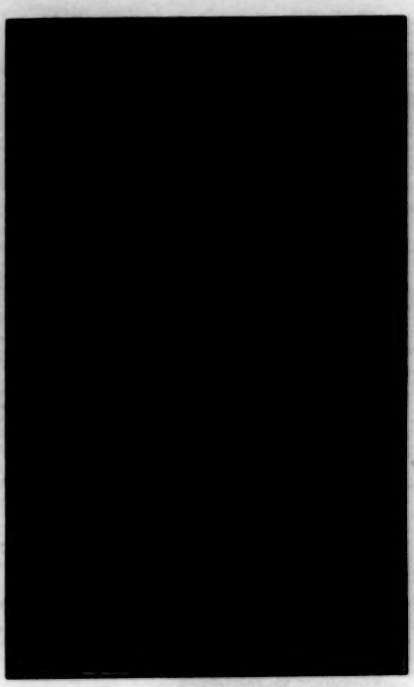
Public Health Nursing, some one was overheard to state that the letters so prominently displayed meant "No Other Persons Here Now," a whimsey that came very close to the truth in those crowded days.

The July number of the *Public Health Nurse* will be devoted entirely to news and papers from the Convention and the September issue will carry all the material on School Nursing. N. O. P. H. N. is many-sided. Its sessions and conferences moved along with celerity and precision. The deliberations at some of the meetings were of interest to all nurses, for public health nursing lives not to itself alone but influences the trend of development in the whole profession.

CARE OF THE CHRONICALLY ILL

If it be true that almost 50 per cent of the chronically ill are under fifty years of age and many of them may suitably have home care, it is time for private duty nurses and hourly nurses, under whatever auspices, to give real attention to this "untilled field." In a paper on "The Care of Chronics," Bettie W. McDanald, of Louisville, said:

> Recently a number of cities have awakened to the important community problems the chronic patient presents and several excellent studies and surveys have been made to determine the nature of the problem and needs of the community for the care of chronic diseases. Suggestions and recommendations have been made for a suitable program to meet the situation as revealed by the surveys. The findings of these studies which are strikingly similar, agree in general on the following points:
>
> (1) Chronic cases are occupying beds in general hospitals that should be available for acute cases.
>
> (2) Caring for chronic patients in an acute hospital is more expensive than in a hospital for chronic diseases.
>
> (3) Establishing institutions especially equipped to care for chronic diseases is the most satisfactory solution to the problem.



JANE C. ALLEN

> (4) Home care is suitable for certain types of cases.
>
> (5) The chronically ill are not necessarily the aged; almost 50 per cent are under fifty years of age.
>
> Before entering into a discussion of the care of chronics, a definition of the term "chronic" will not be amiss as it will help to clarify our thinking about the subject. In the study that was made in Louisville by the Health Council, in 1927, of the provisions in the city for the care of chronic and incurable patients, the following definition was adopted:
>
> "The chronic is one who is disabled and requires three months or more of institutional care (either at a hospital or special institution), in which case one may hope for functional restoration and physical ability on the part of the patient to take his place in the community; the incurable is one who will not be improved by institutional or medical care."

The *Journal* has many school nurses among its readers. We hope they are readers also of the *Public Health Nurse*.

They will be interested in the following summary of Elma Rood's paper on "The Relationship of the School Nurse to the Health Education of the School Child," which will appear in toto in the annual School Nursing Number of the *Public Health Nurse*.

(1) The school should be encouraged to carry increasingly the responsibilities of the school health program, making use of all possible service that can be drawn in from the outside.

(2) The school health program must be a cooperative piece of work, each participant recognizes his contribution to a common objective or aim.

(3) While the teacher takes first place in classroom instruction in health, the nurse should stimulate, encourage and supplement all health activities which the classroom carries on.

(4) The work of the school nurse should become increasingly educational in nature.

(5) Every school should develop early in its program a standard expressed in terms of live children, on which all effort will be concentrated and which will grow into a community ideal of fine, healthy, normal childhood, which should be the end result of the entire school health program.

THE RURAL NURSE

The nursing profession is becoming sensitive to the inadequately nursed rural areas but, "the appeal of the rural sick has been heard and a beginning has been made toward their adequate care," said Alma C. Haupt in her paper, "The Problem of the Sick in Rural Areas"[1] in which she described the South Side Community Hospital in Farmerville, Virginia. This is the first unit in the Commonwealth Fund program of rural care.

INDUSTRIAL NURSING

There must be many potential as well as many actual industrial nurses among *Journal* readers who will be interested in the following excerpts from W. H. Winans' paper on "Adequate Training for Industrial Nursing."[2]

Now what are the required qualifications and characteristics of the woman who is to enter this specialized field? I use the word "woman" because first of all she must be truly a woman in the full and well-understood meaning of that word. She must know how to be a good miner without getting mixed up herself. She must be human and sympathetic and yet kindly firm with the neurasthenic and keenly discerning with the malingerer. She must be no respecter of persons but must know folks so well that she is adept in the different methods which should be followed in dealing with the Italian yard laborer and the office manager. She must be so thoroughly grounded in the technic of her profession that she can be master of the situation in any emergency which arises, even if her routine instruction and procedure do not prescribe the action to be taken and the doctor is not available. She must understand her employer's point of view and be so familiar with the company ideals and policies that her actions, words and influence will promote sound and satisfactory relations between the employees and the management. She must know the community problems and agencies so well that she can guide and direct employees to the most effective and suitable sources of advice, treatment, or assistance in each individual case. She must have that manner, appearance and personality which inspire confidence and lead naturally to the cooperation of employees in following instructions, no matter how difficult nor what sacrifices may be involved. And, too, she must be so professionally thorough and accurate that she upholds the ethics and high standards of her profession in connection with proper records, scientific attention to technical details and right cooperative relations with other nurses and doctors in the community. And one more requirement I am constrained to add, she must also be able to beam the doctor under whose supervision she works. Only a woman can do that—and she must always be right when she does it. But the industrial physician or surgeon needs the helpful guidance of the nurse many times and if he is the right man for his job he gladly accepts and commends that guidance. . . .

What about the training, you ask? Obviously, she must have thorough professional

[1] Miss Haupt's paper will appear in the July number of the *Public Health Nurse*.

[2] Read at Industrial Nursing Section of the National Organization for Public Health Nursing, June 7, 1928.

training under the prescribed standards of recognized schools of nursing. Certainly she should meet all the requirements to permit her to qualify as a registered nurse. Otherwise, she cannot be accorded the recognition of the doctor, the employees, the employer and the courts in the professional phases of her work, which is essential to the completely successful carrying of her proper responsibility. Her technical skill must be attested to by her diploma before she can safely be charged with the very lives of those under her care. The employer cannot take a chance on a technical error due to the lack of any part of the complete and thorough training of the graduate nurse.

Next in importance is training, and especially practical experience, in public health or social service nursing. The employee cannot be considered just as an individual. . . . It may be necessary in an individual case to bring five or six social agencies into a problem in order to work out a satisfactory solution. The industrial nurse must be trained in dealing with the family problem in this manner and must know what public and private facilities are available to assist in complicated cases.

Then, too, the industrial nurse should have some instruction in business organization, management and industrial relations. She must appreciate the need for lines of authority, for company rules, for business procedure and accounting control.

MATERNITY NURSING

One of the striking features of the Public Health Nursing program was the film on "Delivery Technic of Maternity Hospital, Cleveland." This picture will undoubtedly be looked upon, in years to come, as a forerunner of that new technic in teaching nurses that has already been prophesied in these pages. It is to be hoped that more material of this type may be available at future conventions, for thus may be shown the actual technics of the physical care of patients.

WHAT THE STAFF NURSES SAID

N. O. P. H. N. set another precedent by arranging for a Staff Nurses' Conference and Marion S. Lowe spoke in no uncertain terms of the importance of a high school education as a basis for public health nursing for, said she:

A high school education is but a small contribution in the hands of a public health nurse as she starts out on her career—but oh! what a magnificent asset in the years to follow when she is permitted to take courses in university extension work. How much more readily can she grasp the message given and apply herself to earnest study? Who can assimilate a topic that is educationally away over his head? What a world of confidence it gives to the nurse in that it prepares and strengthens her for further educational opportunities. In the field of public health work there are five or six angles to the situation. How can we meet and cope with these unless we are educated to do so? . . . In order to educate the community we must be educated ourselves that we may give an unreplaceable service.

Margaret S. Taylor also emphasized the belief expressed by a large group of staff nurses that a high school diploma should be required for admission to schools for nurses.

Mildred Rountree, speaking on the "Value of Field Supervision" said:

Although we may emphasize field supervision as being of greater value to the young nurse, on the other hand it has its definite place in the program of the older nurse also. For we are all inclined to get into ruts and sometimes lose our perspective unless we have a little light along the way. The field supervision results in a definite value to the staff nurse because it enables the supervisor to see the nurse at work. With a better understanding of the difficulties the nurse encounters in the field, the supervisor can be of greater help in the solution of the problems. Then too, seeing the staff nurse at work, the supervisor is able to see wherein she shows special ability, which helps the supervisor in directing the nurse into the activities she is especially qualified to handle. This develops professional growth in the nurse as well as a greater satisfaction and happiness in her work. It is through the field visit that the supervisor observes the technical knowledge which the staff nurse lacks in order to make her work fruitful. Her observation indicates topics for further study among the staff members in order to improve the quality of work. Considering the value which field supervision brings to the improvement of our teaching program, it must receive increasing attention in public health nursing.

If the enthusiasm of public health staff nurses for higher education and for intelligent supervision is infectious, private duty nurses may solve some of the problems of the registries.

The headquarters Directors of the A. N. A. and the N. O. P. H. N. and the Executive Secretary of N. L. N. E., Janet M. Geister, Jane C. Allen, and Blanche Pfefferkorn worked arduously for many months to coördinate all the many factors that go to make up a successful convention. Their brilliant success is attested by the unusual worth of the programs at Louisville. In October, Miss Pfefferkorn will begin a year's leave of absence for advance study.

Our Contributors

With characteristically practical idealism, S. Lillian Clayton sets new goals for the American Nurses' Association in her presidential address.

Jessie L. Coman, R.N., is on the staff of the Visiting Nurse Association of Chicago.

From the experiences of the allied profession of teaching, Charles H. Judd, Ph.D., Head of the School of Education, University of Chicago, indicates some of the signposts nursing may well follow in its professional development.

In this issue Dr. Paul Titus of Pittsburgh completes his article on "Nursing Care of Pregnancy Toxemias."

Doubtless the enthusiastic devotion to the care of children of Margaret McGregor, R.N., Superintendent of Nurses, Gillette State Hospital, St. Paul, Minnesota, has been responsible for some of the generous gifts to that institution.

Albert M. Stevens, M.D., Pediatrician of New York City, is on the faculty of the College of Physicians and Surgeons, Columbia University.

We need not remind our readers that a genuinely noiseless dressing cart (Mildred E. Newton, R.N., Supervisor of Obstetrics, Pasadena Hospital, Pasadena, California) is a real achievement.

Charles F. McKhann, M.D., is Instructor in Pediatrics, Harvard Medical School and Resident Physician, Children's Hospital and Infants' Hospital, Boston, Massachusetts.

Experience in private duty, school nursing and in hospital social service have all helped to equip Emma L. Collins, R.N., for the task of registrar which she is filling so admirably in the Nurses' Official Registry of Brooklyn.

Frances M. Courtney, R.N., taught school for several years before taking her nurse's training. She is now at the Albert Billings Memorial Hospital, Chicago.

Our readers will want to see the entire paper, from which we quote, by C.-E. A. Winslow, D.P.H. (Yale), which appears in the July *Public Health Nurse*.

Marion Rottman, R.N., Superintendent of Nurses of Bellevue and Allied Hospitals, New York City, applies to the problem of distribution of Nursing Service in Hospitals some of the best thought of the profession.

Sophie C. Nelson, R.N., graduate of the Waltham School for Nurses and now Director of Nursing Service for the John Hancock Life Insurance Company, is a woman of unusually broad experience.

The "glimpse" by Carrie M. Hall, R.N., is her "swan song" as President of the National League of Nursing Education which she has so wisely guided for three years.

Blanche Pfefferkorn, B.S., R.N., Executive Secretary of the National League of Nursing Education, made constructive use of office files for her interesting study.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

The Special Nurse

(Extracts from a paper enjoyed by the members of District 8, Rocky Mount, N. C.)

WHEN a graduate nurse is called to the hospital for duty, she should report to the superintendent, or nurse in charge, to receive her instructions. She should not be late or out of place when supplies are given out, remembering that system should be respected on her part as well as on the part of the hospital staff, for being late to receive supplies oftentimes delays the superintendent fifteen minutes or more, minutes that are in all probability very valuable to someone's welfare. Loitering in the halls and gossiping with pupil nurses is to be avoided by any graduate who considers the fineness and influence of her profession. In fact, anything which falls short of the standards and betterment of the institution in which one is working, whether in behalf of superintendent, doctors, or pupil nurses, should be avoided. All property belonging to the hospital should be handled with care and consideration. What would add to the comfort of a graduate nurse, if observed by the hospital? A nurse doing private hospital duty is dependent entirely upon the consideration shown her by the nurse in charge as to supplies and, even if she is not a stranger in the hospital, it is too much like peeping into someone's closet to go on a ramble for the necessary things for a patient's comfort unless shown by someone in charge. Sometimes a nurse is even forced to neglect her patient while waiting for nourishment and going from floor to floor trying to get the supplies necessary for work. Let us, then, help to create a greater spirit of cooperation between graduate nurse and hospital staff and move forward in the work of our different fields with the idea of unselfish service ever before us.

North Carolina. Mary Kiel.

How One Nurse Solved Her Difficulty

(A nurse who is somewhat deaf shares her bungalow with persons needing rest or care.)

LAST year I wrote of my experiment. I wish to say I am finding it a success. I turned to this way of putting my training to use because of impaired hearing. Others who have lost their hearing may be inquiring about something they can do that will be in the line of nursing at which to earn a living. Sometimes I've had a convalescent, sometimes a tourist or so, or a baby, sometimes persons employed. I have been alone but one week. At present I am caring for a woman of 65, right side paralysis; she is also blind. She cannot talk since her stroke. However, her mind is quite clear and she is up daily in a wheeled chair. I charge according to the patient's requirements. If I "special" anyone, the charge is the regular amount, plus room and board, but I prefer not to "special." I want time for my flowers, garden and chickens.

California. M. V.

An Over-supply of Nurses Here, Also

IN order that nurses from other cities may not be disappointed about obtaining work, should they hope to do so, in the Capital, the Graduate Nurses' Association of the District of Columbia voted at its annual meeting, May 7, to send a statement to the *American Journal of Nursing* and the *Public Health Nurse* that an over-supply of nurses exists in Washington.

Annabel Peterson,
Corresponding Secretary.

Washington, D. C.

"It Blesseth Him That Gives and Him That Takes"

I

ABOUT a year ago you forwarded the name of Miss A. to whom I could give or take my *Journals*. I want to thank you for that little mission of joy. . . . I went to the hospital and made a contact that has proved very interesting. I found from one to four nurses in her ward and I was astonished at the lack of interest we healthy folks take in those who fall by the wayside especially when I saw the keen joy expressed when a fresh supply of nursing magazines came walking in. I found my one copy of the *Journal* had gone in rotation to twelve nurses, including staff nurses. It occurs to me this passing on to those who are working accounts for at least six or seven lacking subscriptions.

California. J. S.

II

(From a sick nurse to whom a copy of the *Journal* is to be given, monthly.)

YOUR letter has cheered me more than I can tell. God is so good, He even comes to us sometimes through friends whom we have never seen.

Tennessee. A. B.

Missing Graduates

THE Alumnae Association of the Binghamton Training School for Nurses, Binghamton, N. Y., is making a survey of the graduates of the school. These have not been located; we should be glad of any information about them.

Mary S. Berenia Hurlbert, 1898; Mary Whistler Davis, 1899; Mildred Harper McLaughlin, 1900; Mary Kister, 1901; Ellen Donavan, 1902; Grace L. Conklin Phalin, 1902; Anna Berry, 1903; Josephine Herbert Davis, 1910; Florence Baldwin, 1914; Thilde Schuyder VanVartenese, 1917; Helen Avery, 1921; Harriet Jones, 1925.

Ethel A. Thornburn,
Chairman Survey Committee.
71 Collier St., Binghamton, N. Y.

A Missing Student

HAS there been a Cynthia Burch in one of the nurses' training schools in the southern or eastern states during the past four or five years?

Cecil Bunch.
735 Fullerton Ave., Chicago.

League Reports Wanted

LOUISE OPHIELS, Medical Librarian, Lane Medical Library, San Francisco, is trying to secure the League reports for 1922 and 1924, to complete a set.

Journals on Hand

EDITH J. L. CLAPP, 507 West 113 St., New York, wishes to dispose of copies for the years 1925–1927, not complete volumes.

Journals Needed and on Hand

MARGARET CARRINGTON, Miami Valley Hospital, Dayton, O., will pay 25 cents each for the following copies to complete a file: November, 1920, two copies; August and October, 1926; April, 1927. The following copies will be given in exchange if needed, instead of payment: 1917, February; 1919, March; 1923, April; 1924, March and May; 1925, March; 1926, July.

Questions

18. Is buttermilk fattening? What is its food value, compared with artificial buttermilk?

Answer.—Butter is made from *sour* cream, therefore, buttermilk is one form of sour milk. The milk becomes sour as the bacteria feed upon or ferment the lactose or milk sugar, producing lactic acid which gives the characteristic acid taste to the milk. As the cream or fat in the milk is largely removed in the making of butter, this form of sour milk is almost fat free.

The food value of either form of buttermilk, home-made or Bulgarian, is 6 grams protein, 10 grams carbohydrate, and 2 grams fat to one cup or 200 grams of buttermilk.

There may or there may not be an increase in weight as the result of drinking buttermilk. If the patient has an intestinal tract in which there is a large amount of putrefaction, buttermilk will clean up this tract and therefore place the patient on a more normal physical basis, which may increase the weight for a period until the normal weight is reached. If the patient is in normal health, there should be no increase in weight.

Bertha M. Wood.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication.]

Nurses' Relief Fund

REPORT FOR MAY, 1928

Balance on hand, April 30, 1928	$24,731.56
Interest on bank balances	23.20
Interest on investments	65.00
	$24,819.76

Contributions

Alabama: Mobile Graduate Nurses' Assn.	$20.50
Arizona: Individual donation	5.00
California: District 1, Alameda County, $8; District 3, Humboldt County, $14; District 10, San Joaquin County, $60.50; District 11, Santa Barbara County, $20; District 18, Long Beach County, $2; District 19, Pomona County, $28.50; District 20, Stanislaus County, $1; District 22, Pasadena County, $19	154.00
Colorado: Minnequa Hospital Alumnae Assn., Pueblo	15.00
District of Columbia: Georgetown University Hospital Alumnae Assn., $32; Nat'l Homeopathic Hospital Alumnae Assn., $20	52.00
Florida: District 9	23.00
Illinois: District 1, Francis Willard Hospital, $5; St. Mary of Nazareth Hospital, $15; Evangelical Hospital, $10; Columbus Hospital, $15; St. Anne's Hospital, $25; Mercy Hospital, $50; Oak Park Hospital, $5; Norwegian American Hospital, $25; Women's and Children's Hospital, $15; P. H. Nurses Supervisors' Club, $25; West Side Hospital, $10; St. Bernard Hospital, $10; Jane McAllister Alumnae Assn., $5; Grant Hospital, $10; South Shore Hospital, $10; University Hospital, $15; Presbyterian Hospital, $20; Swedish Covenant Hospital, $20; Robert Burns Hospital, $15; Wesley Memorial Hospital, $25; Washington Boulevard Hospital, $20; Evangelical Deaconess Hospital, $25; individual contribution, $4; District 2, Sherman Alumnae Assn., $10; District 7, $20; District 8, $10; District 11, Lakeview Alumnae Assn., $5	480.00
Kansas: District 1, St. Francis Alumnae Assn., $2; Christ's Hospital Assn., $23; District 5, $8	$33.00
Maine: Maine Gen'l Hospital Alumnae Assn., $25; individual members, $13	38.00
Massachusetts: Bristol County Branch	11.00
Minnesota: District 2, individual contributions, $14; District 3, Deaconess Hospital Alumnae Assn., $35; General Hospital Alumnae Assn., $40; Fairview Hospital Alumnae Assn., $34; St. Gabriel Hospital Alumnae Assn., $1; Rest Hospital Alumnae Assn., $5; Northwestern Hospital Alumnae Assn., $20; St. Andrews Hospital Alumnae Assn., $17; Asbury Hospital Alumnae Assn., $37.50; individual members, $4; Minneapolis Gen'l Hospital Alumnae Assn., $2; District 4, Lakeview Hospital Alumnae Assn., $12; St. Lucas Hospital Alumnae Assn., $19; Mounds-Midway Hospital Alumnae Assn., $35; individual members, $12; District 6, District Assn., St. Mary's Alumnae and Kahlu Alumnae Assn., $162.50; St. Olaf's Alumnae Assn., Austin, $23; individual nurses, $34	568.00
New Jersey: District 1, St. Barnabas Alumnae Assn., $15; Beth Israel Alumnae Assn., $10; Orange Memorial Alumnae Assn., $3; individual contributions, $30; District 2, Englewood Alumnae Assn., $25; District 3, St. Francis Alumnae Assn., $15; McKinley Alumnae Assn., $2; Mercer Alumnae Assn., $1; District 4, Middlesex General, $26; individual members, $2.50	132.50
New Mexico: District 1	27.00
New York: District 1, $25; District 2, Rochester Gen'l Hospital Alumnae Assn., $100; District 4, Crouse Irving Hospital Alumnae Assn., $50; individual contribution, $1; District 5, Binghamton City Hospital Alumnae Assn., $61; Johnson City Hospital Alumnae Assn., $51; individual contributions $19; District 10, Schenectady Hospital student nurses, $10; District 11, St. Luke's Alumnae, Newburgh, $25; District 13, Italian Benevolent Institute and Hospital, $6; individual contributions, $11; District 14, Brooklyn Hospital student nurses, $25; individual contributions, $3	407.00
Ohio: White Cross Hospital Alumnae Assn., Columbus, $30; Mount Carmel Hospital Alumnae Assn., $50; Mercy Hospital Alumnae Assn., $15; District 13, $20	135.00
Oklahoma: District 3	12.00
Rhode Island: Memorial Hospital Alumnae Assn., Pawtuchet	40.00
South Carolina: State Nurses' Assn.	25.00
Tennessee: District 2	9.00
Texas: District 6, $1; District 15, $1	2.00
Washington: District 2, Seattle, $68.50; District 5, Walla Walla, $14; District 9, $15	97.50
Wisconsin: District 2, $20; Districts 4 and 5, $100; District 10, $185	311.00
	$27,447.26

Disbursements		
Paid to applicants	$2,729.69	
Salaries	227.45	
Postage	.75	
Relief Fund Study	434.25	
Contribution sent in error returned	50.00	
Check returned by bank	3.00	
		$3,445.64
Balance May 31, 1928		$24,699.62
Farmers' Loan & Trust	$13,212.17	
National City Bank	3,188.83	
Bowery Savings	8,279.62	
	$24,680.62	
Invested funds		116,275.87
		$140,976.49

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the state chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the state chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association, at the address given above. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman, or the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO JUNE 8, 1928

Previously acknowledged	$32,993.87
Contributions	
District of Columbia: Graduate Nurses' Assn.	20.00
Idaho: State Association	5.00
Total	$33,023.87

The eight scholarships offered for the year 1928-29 have been awarded to: Barbara Williams, Cincinnati, O. (Cincinnati General); Mabel A. Patton, High Point, N. C. (Presbyterian, Charlotte, N. C.); Mary C. Sheer, Clifton Forge, Va. (Army School); Lula M. Rabe, Kansas City, Mo. (Research Hospital); Stella M. Hawkins, Schenectady, N. Y. (Samaritan, Troy); Isabelle M. Jordan, Malden, Mass. (Children's, Boston); Anne W. Dinegan, Richmond Hill, N. Y. (Children's, Boston); Lucille R. Jones, Chicago (Illinois Training School).

The McIsaac Loan Fund

REPORT TO JUNE 8, 1928

May 8, Balance	$1,295.73
Interest	1.97
Contributions	
District of Columbia: Graduate Nurses' Assn.	20.00
Idaho: State Association	5.00
Total	$1,322.70
Disbursements	
Loan	240.00
Balance	$1,082.70

MARY M. RIDDLE, *Treasurer.*

Contributions to both funds are solicited from associations and from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

National Association of Colored Graduate Nurses

The annual meeting of the Association will be held in New Orleans, La., August 21-24. Members are to receive board and lodging at New Orleans College, 3313 St. Charles Ave., and the meetings are to be held in the auditorium of the College. Those who are planning to attend this meeting should get in touch with Mrs. Ida G. Gray, 3611 South Rampart St., New Orleans.

Southern Division Organized

The SOUTHERN DIVISION of the American Nurses' Association desires to report the completion of its temporary organization. One hundred and seventeen nurses were present, including two visitors.

The officers elected for the year 1928-1929 are: President, Jane Van De Vrede of Georgia; vice president, Barbara Frank of Louisiana; secretary, Ermadine Bryant of Alabama; treasurer, A. Louise Dietrich of Texas. The next meeting is to be held in Alabama in 1929 at such place and time as the officers shall select. A Program Committee and a Committee on By-laws were provided for, and an initial contribution was made by those present to provide for initial organization expenses pending the raising of dues. It was decided to change a registration

fee to provide for initial expenses of the first meeting in 1929.

The International Council of Nurses

The sixth regular meeting of the INTERNATIONAL COUNCIL OF NURSES will be held in Montreal, July 8-15, 1929. It is expected from five to seven thousand nurses from all parts of the world will be present. The Committee on Arrangements has opened a provisional office at the Royal Victoria Hospital, Montreal, and will be very glad to give information or help to those planning to attend the 1929 meeting. Arrangements are being made for accommodating the visitors during the Congress in Montreal, and in order that a sufficient number of rooms can be secured it is important to know approximately how many will attend. Applications for rooms should be made early, and through the Committee on Arrangements. When applying please write a brief application indicating: (1) Name, address, and position of applicant; (2) type of room desired in Montreal; (3) probable date of arrival and length of stay.

The Province of Quebec and the nursing organizations of Canada are awaiting the opportunity to welcome the visiting nurses to Montreal, and nurses are urged to plan their holidays so that they will be in Montreal for the week beginning July 8, 1929.

Anyone who may plan to come to Montreal by motor and who is not familiar with the routes can obtain information by applying direct to the Montreal Tourist and Convention Bureau, Inc., New Birks Bldg., Montreal, when particulars concerning the roads and routes will be given and maps furnished by George A. Gauthier, Convention Manager. Miss M. F. Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal, is Convener of the Committee on Arrangements.

International Hospital Congress

The COMMITTEE ON INTERNATIONAL HOSPITAL RELATIONS announces that the American Express Company has offered a prize, not to exceed $100, for the best poster advertising the forthcoming International Hospital Congress, which is to be held in the United States in June of next year. The International Executive Committee, at this coming meeting in Paris, will select the prize poster from among those submitted. This contest is open to illustrators in all countries. All sketches should be sent in the usual manner to Dr. René Sand, 2 Avenue Velasquez, Parc Monceau, Paris VIII, not later than August 20.

Army Nurse Corps

During the month of May, 1928, orders were issued for the transfer of the following named members of the Army Nurse Corps to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Alice P. McGuire; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Frances C. Henchey, Nancy G. King; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Mabel G. Primer, Elsie G. Rhodes, Bessie I. Kellogg, Frida M. Johanson, Catherine M. Gemeinhardt; to station hospital, Fort Sam Houston, Texas, 2nd Lieuts. Janet Anderson, Marion J. Haley; to station hospital, Fort Sill, Okla., 2nd Lieut. Louise R. Irvin; to station hospital, Fort Slocum, N. Y., 2nd Lieuts. Anna L. Eckam, Helen M. Bortree, Dorothy M. Waldo, Grace L. Whitehead, Bert C. Harder; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Elizabeth D. Reid, 2nd Lieuts. Dorothea Johnston, Bessie M. Jackson, Catherine Wolfe, Margaret R. Hall, Amelia I. Goodine; to station hospital, West Point, N. Y., 2nd Lieut. Nannie L. Dayhoff; to station hospital, San Juan, P. R., 2nd Lieut. Olive R. MacCampbell; to Philippine Department, 2nd Lieuts. Dorcas C. Avery, Bessie Potts, Ethel Taylor, Flores Maebach, Elsie Robbins, Lewis Ellis, Ethel I. Hipps.

Four have been admitted to the Corps as 2nd Lieuts.

Under the terms of the bill passed by Congress for retirement for members of the Army and Navy Nurse Corps, the following named have been retired from active service: 1st Lieut. M. Estelle Hine, Chief Nurse; 2nd Lieuts. Hannah A. Kallem, Helen M. Pickel.

The following named members of the Corps are under orders for separation from the service: Caroline R. Neuman, Virginia Kilroy, Bernice Jones, H. Evelyn Nyquist, Grace S. Heiligman, Rhoda McCullough, Esther C. Dennis, Hazel E. Watson, Sarah S. Brill, Marie Beuhoma, Nannie Mae Penn, Mildred I. Symes, Wirtie Mae Butler, Florence M. Knox, Martha Poindexter.

JULIA C. STIMSON,
Major, Army Nurse Corps, Supt.

Navy Nurse Corps

REPORT FOR MAY, 1928

Appointments: Twelve.

Transfers: To Annapolis, Md., Jennie M. Jason, Marie Karlen, Olive I. Riley; to Canacao, P. I., Jutta J. Anderson, Laura M. Nygren; to Great Lakes, Ill., Ida L. Hodge, Chief Nurse; to Guam, M. I., Carrie S. Albright; to Haiti, Sarah F. Herrity; to League Island, Pa., Gertrude B. Arnest; to Mare Island, Calif., Ruby Russell, Chief Nurse, Nelle M. Alexander, Ida A. Nutter, Agnes S. Keim; to New York, N. Y., Edith N. Lindquist, Chief Nurse, Julia Lennon; to Norfolk, Va., Grace M. Nestle, Katherine M. Gallagher, Chief Nurse, Grace L. Goodwin, Lillian L. Reilly; to Portsmouth, Va., Pharmacist's Mates' School, Minnie C. Pipher, Caroline V. Graham; to Pearl Harbor, T. H., Alma M. von der Linden; to Pensacola, Fla., Ada E. Welty, Edith M. Ahlstrom; to Puget Sound, Wash., Viola M. Visel; to Quantico, Va., Eva B. Moss, Chief Nurse; to St. Thomas, V. I., Myn M. Hoffman, Chief Nurse, Marian B. Olds; to U. S. S. "Relief," Anna M. Setley, Faye E. White; to Washington, D. C., Emily M. Smaling, Chief Nurse; to Washington, D. C. Dispensary, Navy Department, Ellen E. Wells, Mary Hennemeier.

Separated from the service: Cora E. Darlington, Selma C. Frederickson, Mary E. Skilling, Gladys F. Swancutt, Bessie Lemon, Anna Brown.

The death of Corinne W. Anderson, who served with the Navy during the World War, occurred recently at a Veterans' Bureau Hospital on the West coast. Burial took place at Arlington National Cemetery with full military honors.

J. BEATRICE BOWMAN,
Supt. Navy Nurse Corps.

U. S. Public Health Nursing Service

REPORT FOR MAY, 1928

Transfers: To Ellis Island, N. Y., Mary McCarthy; to Buffalo, N. Y., Grace Miller, to Stapleton, N. Y., Bertha Bishop, Irene Beeney; to Chicago, Ill., Laura Zwanzig; to Port Townsend, Wash., Ida May Berringer.

Reinstatements: Jane O'Neill, Ruth Snyder, Ernestine Bergas, Victoria Carroll.

New assignments: Six.

LUCY MINNIGERODE,
Supt. of Nurses, U.S.P.H.S.

U. S. Veterans' Bureau Nursing Service

REPORT FOR MAY, 1928

New assignments: Twenty-one.

Transfers: To North Little Rock, Ark., Esther Julian, Assistant Chief Nurse; to Ft. Lyon, Colo., Nonnie Goff; to Oteen, N. C., Margaret Kennedy; to Palo Alto, Calif., Nell Hanson, Minnie Hanson; to Maywood, Ill., Kathleen Austin, Margaret Mulrean; to Outwood, Ky., Myrtle Swanson, Ida Baldwin, Ellen Bryan, Blanche Costello; to Bronx, N. Y., Mary Ash; to Ft. Snelling, Minn., Elizabeth Soderstrom, Carrie Swanson.

Reinstatements: Henry Murphy, Emma McDowell, Bessie W. Dunai, Roxie Stewart, Helen Kenworthy, Lucile Moorman, Frances Patten, Louise Semmes, Florence Barber.

MARY A. HICKEY,
Supt. of Nurses, U.S.V.B.

Protestant Hospital Association

The PROTESTANT HOSPITAL ASSOCIATION, San Francisco, August 4–6, has chosen the Hotel Clift for its Headquarters and the sessions, as usual, precede those of the American Hospital Association. Nursing has been given a prominent place on the program, as May Ayres Burgess, Ph.D., will speak on the findings of the Grading Committee on opening night, and Mary M. Roberts will discuss the findings at a later session. "The Humanity of the Nursing Profession" is one of the important topics, speaker not yet announced. The program reflects that blend of practical idealism that is the very foundation of church hospitals.

The American Hospital Association

The meetings of the AMERICAN HOSPITAL ASSOCIATION will be held in the Civic Auditorium, San Francisco, August 6–10. The program shows unusual thought and promises practical helpfulness to those who attend. Nursing will have a prominent place. The program of the Nursing Section, Tuesday, August 7, at 8 p. m., is as follows (Chairman, Elizabeth A. Grosmer; secretary, Mary M. Roberts): "Social Service Content of Nursing Education," Edith Baker, Director Hospital Social Service Association, St. Louis, Mo.; "Recent Returns from the Grading Committee," Dr. May Ayres Burgess, Committee on

the Grading of Nursing Schools, New York; "Does the School of Nursing Need Freedom from Hospital Control in the Interest of Nursing Education? How Would the Hospital Be Affected by Nursing School Autonomy?" (a) Presentation of topic by chairman; (b) "The Separate School and Its Budget," Annie W. Goodrich, Dean, Yale School of Nursing, New Haven, Conn.: (c) "From the Standpoint of the Municipal Hospital," Dr. Joseph C. Doane, President, American Hospital Association; (d) "From the Standpoint of the Medical Director," Dr. R. G. Brodrick, Superintendent, Lane and Stanford University Hospitals, San Francisco; (e) "From the Standpoint of the Private Sectarian Hospital," G. W. Clapp, Superintendent, California Lutheran Hospital, Los Angeles; (f) "From the Standpoint of the State Board of Nurse Examiners," Anna C. Jammé, Director, Bureau of Registration of Nurses, San Francisco; (g) "Summing Up," Mary M. Roberts.

Carolyn E. Davis, the vigorous and enthusiastic Superintendent of the Everett General Hospital, Everett, Wash., has chosen some eminent speakers, including Elizabeth A. Grosner, for her Round Table on "The Nurse—Her Problems, Province, and Prerogatives."

The Annual Banquet will be held on Wednesday evening, and Thursday evening will be devoted to a "Trip to Chinatown."

Conference on Social Hygiene

The fall REGIONAL SOCIAL HYGIENE CONFERENCE will be held this year in Louisville, Ky., under the sponsorship of the Social Hygiene Association of Kentucky and thirty-five cooperating national, state and local organizations, including the State Boards of Health and Education. The American Social Hygiene Association, as the representative national voluntary agency in this field, will participate extensively in developing the plans and program. The dates for the Conference are October 11-13, and headquarters will be the Brown Hotel. Authorities in the field of sex education, protective measures, venereal disease control, law enforcement, and other aspects of social hygiene will be on the program. It is expected that the speakers will include Surgeon General Hugh Cumming, Professor Thomas W. Galloway, Rev. Anna Garlin Spencer, Dr. Hugh Young, Dr. Edward L. Keyes, Dr. Valeria H. Parker, Dr. William F. Snow, and other leaders in the nation's social hygiene activities.

Institutes and Summer Courses

Michigan: Ann Arbor.—The second annual Public Health Institute is being held on Fridays and Saturdays from June 22 through July 28. Information may be obtained from Dr. John Sundwall, Division of Hygiene and Public Health, University of Michigan.

Commencements

California: San Francisco.—MARY'S HELP HOSPITAL, a class of eleven on May 24, with an address by Archbishop Hanna.

Colorado: Boulder.—The COLORADO UNIVERSITY SCHOOL OF NURSING, a class of 9, on June 11. **Denver.**—ST. ANTHONY'S HOSPITAL, a class of 14, on June 13, with an address by Dr. Eli Miller.

Delaware: Wilmington.—The DELAWARE HOSPITAL, a class of 20, on May 17.

District of Columbia: THE ARMY SCHOOL OF NURSING, a class of 45, on June 1, with an address by Brigadier General Frank R. Keefer.

Idaho: Boise.—ST. LUKE'S HOSPITAL, a class of 9, on April 25, with an address by Dean Paul Roberts.

Illinois: Chicago.—GRANT HOSPITAL, a class of 31, on May 10, with an address by Dr. Horace Bridges. THE SWEDISH COVENANT HOSPITAL, a class of 18, on May 23, with an address by Dr. A. J. Weigen.

Indiana: Fort Wayne.—THE LUTHERAN HOSPITAL, a class of 22, on May 23, with an address by Dr. L. W. Elston. **Gary.**—ST. MARY'S MERCY HOSPITAL, a class of 14, on June 5, with an address by Timothy P. Galvin.

Iowa: Cedar Rapids.—MERCY HOSPITAL, a class of 19, on May 24, with an address by Father Stemm. **Des Moines.**—IOWA LUTHERAN HOSPITAL, a class of 29, on May 16, MERCY HOSPITAL, a class of 23, on May 13. **Dubuque.**—FINLEY HOSPITAL, a class of 9, on May 24. MERCY HOSPITAL, a class of 13, on May 22.

Maine: Portland.—The CHILDREN'S HOSPITAL, a class of 10, on June 29.

Massachusetts: Malden.—The MALDEN HOSPITAL, a class of 11, on May 14, with an address by Henry H. Crane, D.D. **Waverley.**—The MCLEAN HOSPITAL, a class of 20, on

May 24, with an address by Rev. H. K. Sherrill. Rutland.—The RUTLAND STATE SANATORIUM, a class of 11, in June.

Michigan: Battle Creek.—The BATTLE CREEK SANITARIUM SCHOOL OF NURSING, a class of 39, in June. Detroit.—The eleventh Community Commencement, on May 17, with an address by Dr. W. O. Stevens, for the EVANGELICAL DEACONESS HOSPITAL, a class of 3; the CHILDREN'S, a class of 4; the WOMAN'S a class of 10; ST. JOSEPH'S, a class of 19; ST. MARY'S, a class of 22; PROVIDENCE, a class of 20; GRACE, a class of 45; FARRAND TRAINING SCHOOL, a class of 54; HENRY FORD HOSPITAL, a class of 20. Grand Rapids.—BLODGETT MEMORIAL HOSPITAL, a class of 24, on May 22, with an address by Dr. Allan Hoben. BUTTERWORTH HOSPITAL, a class of 29, on May 26, with an address by Dr. Malcolm T. MacEachern. Kalamazoo.—BRONSON METHODIST HOSPITAL, a class of 16, on May 11, with an address by Dr. C C. Sturgis. Mt. Clemens.—ST. JOSEPH'S HOSPITAL, a class of 9, in May. Saginaw.—The WOMAN'S HOSPITAL, a class of 5, on May 31.

Minnesota: Litchfield.—The LITCHFIELD HOSPITAL, a class of 2, on May 15, with an address by Dr. H. E. Wilmot. Minneapolis.—FAIRVIEW HOSPITAL, a class of 33, on May 30. Rochester.—ST. MARY'S HOSPITAL, a class of 46, on June 1.

Missouri: St. Louis.—CHRISTIAN HOSPITAL a class of 8, on May 24, with an address by C. R. Foster. CITY HOSPITAL, a class of 23, on May 9, with an address by W. K. Kavanaugh. CITY HOSPITAL, No. 2 (colored), a class of 6, on June 7, with an address by Rev. O. C. Maxwell. JEWISH HOSPITAL, a class of 14, on May 31, with an address by Dr. Morris Fishbein. LUTHERAN HOSPITAL, a class of 18, on May 23, with an address by Dr. Theodore Brookes. MISSOURI BAPTIST HOSPITAL, a class of 32, on May 24, with an address by Rev. Henry Alford Porter. ST. LUKE'S HOSPITAL, a class of 42, on May 31, with an address by Rev. Ivan Lee Holt. WASHINGTON UNIVERSITY SCHOOL OF NURSING, a class of 34, on June 5, at the regular university commencement, with an address by the Rev. Christopher Rhodes Eliot, LL.D.

Nebraska: Omaha.—EVANGELICAL COVENANT HOSPITAL SCHOOL OF NURSING, a class of 11, on June 22. The IMMANUEL HOSPITAL, a class of 12, on May 18, with an address by Dr. A. T. Sinclair. The NEBRASKA METHODIST EPISCOPAL HOSPITAL, a class of 24, on May 22, with an address by C. A. Fulmer.

New Jersey: Montclair.—MOUNTAINSIDE HOSPITAL, a class of 24, on May 16, with an address by Elizabeth A. Greener. Trenton.—The MERCER HOSPITAL, a class of 17, on May 22, with an address by Florence M. Johnson. WILLIAM MCKINLEY MEMORIAL HOSPITAL, a class of 10, on May 29, with an address by Prof. John E. Gill.

New York: Albany.—ST. PETER'S HOSPITAL, a class of 15, on June 30. Brooklyn.—PROSPECT HEIGHTS HOSPITAL and BROOKLYN MATERNITY, a class of 13, on May 24. Buffalo.—MILLARD FILLMORE HOSPITAL, a class of 18, on May 10, with an address by Charles L. Macke. Canandaigua.—FREDERICK FERRIS THOMPSON HOSPITAL, a class of 11, on May 29. Clifton Springs.—The CLIFTON SPRINGS SANITARIUM AND CLINIC, a class of 31, on June 7, with an address by Rev. J. B. Horton. Mineola.—The NASSAU HOSPITAL, a class of 28, on May 15, with an address by Arthur Chalmers Martin, M.D. New York.—The METROPOLITAN HOSPITAL, a class of 25, on May 31. The PRESBYTERIAN HOSPITAL, a class of 48, on May 14, with an address by Dr. John M. T. Finney. Oneida.—The BROAD STREET HOSPITAL, a class of 8, on May 16, with an address by Dr. Louis Gannett, "From Both Sides of the Counterpane." Rochester.—The GENESEE HOSPITAL, a class of 25; the HIGHLAND HOSPITAL, a class of 31; the ROCHESTER GENERAL, a class of 42; the STRONG MEMORIAL, a class of 20; community graduation on May 29, with an address by Dr. George A. Buttrick. Utica.—The FAXTON HOSPITAL, a class of 24; UTICA MEMORIAL, a class of 16; UTICA STATE, a class of 5; community graduation, on May 28, with an address by Prof. David Snedden.

Pennsylvania: Danville.—The GEORGE F. GEISINGER MEMORIAL HOSPITAL, a class of 26, on May 24, with an address by Dr. Wilmer Krusen. Philadelphia.—The WOMAN'S HOSPITAL, a class of 8, with an address by Dr. Emily Whitten-Auge. Pittsburgh.—WESTERN PENNSYLVANIA HOSPITAL, a class of 66, on May 3, with an address by Hon. James Francis Burke. Scranton.—WEST SIDE HOSPITAL, a class of 9, on May 12. Windber.—The WINDBER HOSPITAL, a class of 7, on June 14, with an address by Charles Uhl.

Rhode Island: Providence.—The HOMEOPATHIC HOSPITAL of Rhode Island, a class of 62, on May 23.

Virginia: Richmond.—The SCHOOL OF NURSING OF THE MEDICAL COLLEGE OF VIRGINIA, on May 29, with an address by Russell

L. Cecil, M.D. St. Elisabeth's Hospital, a class of 8, on June 4. Staunton.—The King's Daughters' Hospital, a class of 5, on May 29, with an address by Dr. Alexander Robertson.

West Virginia: Parkersburg.—The Camden-Clark Memorial Hospital, a class of 6, on June 1, with an address by Mary M. Roberts.

Wisconsin: Oshkosh.—Mercy Hospital, a class of 16, on May 15, with addresses by Dr. C. J. Combs, W. C. Hewett, and Rev. DeLloyd L. Krembs.

State Associations

Arizona: The tenth annual convention of the Arizona State Nurses' Association was held in Tucson, April 25 and 26. The following officers were elected: President, Mrs. Kathryn G. Hutchinson, Tombstone; vice presidents, Helen Bocock and Eleanor Hartnett, Tucson; secretary, Mrs. Mildred P. Fulkerson, Phoenix; treasurer, Mrs. Edith Borcherding, Douglas.

District of Columbia: The annual meeting of the Graduate Nurses' Association of the District of Columbia was held at the Nurses' Club House on May 7. Because it was the annual meeting, a great deal of important business transpired. Reports of all committees and officers, reviewing the work of the past year, were presented. In order to aid private duty nurses doing hospital duty in collecting due wages, action was taken to send a letter to all superintendents of hospitals asking their cooperation in this matter. It was voted to send a notice to the nursing journals stating that an oversupply of graduate nurses existed in the District of Columbia at the present time, so as to warn nurses of a possible period of unemployment if they come to Washington expecting to work. It was voted to pay $50 per year for four years to the Grading Committee, this amount in addition to what had been formerly pledged by the Association and individual members. It was also voted to contribute $50 each to two scholarship funds. The proposed memorial for Jane A. Delano was presented and discussed from the floor, also the memorial for the World War nurses at Bordeaux, France. Sixteen new members were admitted to membership in the Association. The following officers were elected for the ensuing year: President, Julia C. Stimson; vice president, J. Beatrice Bowman, corresponding secretary, Annabelle Peterson; recording secretary, Catherine Moran; treasurer, Betty W. Mayer; councillors, Eleanor Maynard, Sarah Corson.

Idaho: The annual meeting of the Idaho State Association was held, May 1, at the Owyhee Hotel, Boise. Addresses were given by Emily Pine on "The Work of the Committee on Grading of Training Schools"; by Dr. Earnest E. Laubaugh on the recent meeting of the American College of Physicians at New Orleans, and on a delightful and instructive trip to the Central American States and Cuba; and by Mrs. Emma A. Meiers on "Red Cross Nursing." The following officers were elected: President, Helen A. Smith; vice presidents, Gertrude Ansola, Margaret Ackerman; secretary, Mamie Watts; treasurer, Jean Thomson. In the evening a banquet was held, with the splendid attendance of 70. The graduating classes of the neighboring training schools attended as guests of District 2.

Illinois: Chicago.—The May meeting of the Illinois League of Nursing Education was held at the Nurses' Residence of the Michael Reese Hospital. Dr. Alice Hamilton, Professor of Industrial Medicine, Harvard University, was the speaker. As the woman member of the Public Health Committee of the League of Nations, Dr. Hamilton recounted the origin, development, activities and achievements of that distinguished body in Palestine, Southern and Central Europe and Africa. Recognizing in her the foremost authority in industrial hygiene, the Soviet Government extended to her an invitation to study and advise on hygienic conditions in various industrial plants in Moscow. Dr. Hamilton's brief account of her stay in Moscow, of the measures being introduced and enforced by the Soviet authorities, was most interesting and enlightening. As a special privilege she was permitted to go on a tour of inspection to the rural districts and villages on the steppes of Russia to see the work of the nurse midwives.

Kentucky: The Kentucky State Association of Registered Nurses held its twenty-second annual meeting at the Brown Hotel, Louisville, June 9. The preceding week will always be a memorial in the history of Kentucky nurses, having been honored with the Biennial Convention June 4–9. Another interesting item is that after the close of the convention on Friday, a Southern Division of the A. N. A. was organized with the following officers: Jane Van Le Vrede, Barbara Frank, Miss Dietrich. It was voted to have the

second meeting in Birmingham, Ala., in 1920. One hundred and seventeen enthusiastic members were present. On Saturday, June 9, the State Association held a short executive meeting in the roof garden. The meeting was called to order by the President, Mrs. Applegate, followed by invocation by Rev. Lon R. Call. A business session with reports from all the districts followed. Mollie Condon spoke in the interest of the *Journal*, the *Public Health Nurse* and the *Survey*. Mrs. Applegate in her address recommended an Institute on Private Duty and Public Health to be held with the League of Nursing Institute. The League has held an Institute for the past two years at State Headquarters. Another recommendation was a general secretary. At 1 p. m. the Association was honored to have as its guests: Lillian Clayton, President of the A. N. A., Mrs. Anne Hanson, of the N. O. P. H. N., and Adda Eldredge. Miss Eldredge, in the absence of Carrie Hall, represented the N. L. N. E. Another guest was Miss Oxley of St. Barnabas Guild, who invited all nurses to meet with her to organize a St. Barnabas Guild in Kentucky. A special committee was appointed to write the history of nursing in Kentucky to be placed on file at State Headquarters. Miss Flora Gates, President of Public Health, held a short business meeting in the roof garden; the following officers were reelected as officers: Flora Gates, Miss East, Miss Parker, Miss Breed as lay member, and Elsie Pearson as nurse member. The following officers were elected for the year 1920 for the State Association: President, Mrs. Myrtle Applegate; vice presidents, Lenora Hafer, Emma Lou Conway; treasurer, Elsie Pearson; recording secretary, Miss Ryan; corresponding secretary, Mrs. McClelland; Nominating, Anna Finney; Press and Publication, Edna Reinstedler; Arrangements, Sue Parker; Program, Mrs. McNeil; Credentials, Carmelia Powers. The meeting was closed with an invitation from Frankfort for 1920.

Michigan: At the Michigan State meeting, held in Lansing, Emilie Sargent was elected President of the State Association, and Elizabeth Robinson of Lansing, corresponding secretary. The officers of the STATE LEAGUE are: President, Elizabeth Watson, Grand Rapids; secretary, Beatrice Ritter, Owosso.

Missouri: The MISSOURI PUBLIC HEALTH ASSOCIATION which met at Jefferson City, May 2-5, had two afternoon sessions for nurses, at which there were purposely but few papers with time for discussion. The subjects were: "Psychology in Relation to the Nurses' Activities for Child Development," Dr. G. Leonard Harrington, Kansas City; "How the Nurse Can Assist in Preparing for Parenthood," Anna Heisler, American Child Health Association; "Environmental Influences of Family and Social Life on Child Development," Essie M. Hoyle, State Home Demonstration Agent; "The Nurses' Activities in Relation to the Child's Physical Development," Hetty Joach, County Health Nurse. Problems arising from the flood situation were discussed at a luncheon: "General Relief," Miss Keith, American Red Cross; "The Nurses' Activities during the Flood," Tillie Witt; "Nurses' Activities after the Flood Period," Rae Shirley; "The Pellagra Situation in Missouri," W. S. Petty, M.D.

Nebraska: The NEBRASKA STATE NURSES' ASSOCIATION will hold its twenty-third annual meeting, October 16-18, in Omaha. Mary E. O'Neill, Secretary of the State Association, has resigned; she is succeeded by Ida C. Ryebert, Immanuel Hospital, Omaha.

New Mexico: The NEW MEXICO STATE NURSES' ASSOCIATION held its seventh annual meeting on April 23, at St. Joseph's Hospital, Albuquerque, Mrs. Blanche Montgomery presiding. Agnes G. Deans, Field Secretary of the American Nurses' Association, was the guest of the Association. The following numbers featured the morning session: Invocation, Rev. Fr. Vincent Alfes; "History of Public Health Nursing in New Mexico," Amanda Metzgar, one of the first public health nurses in the state; "Outline of the Work of the Grading Committee," Agnes G. Deans; business session. Luncheon at the Alvarado Hotel. Afternoon session: "The Problems of a Training School," Mrs. Florence Bell Smith; "Medical Work in the Orient," Dr. Mendelson, with slides showing clinical work; another talk by Miss Deans. The officers elected are: President, Mrs. Blanche Montgomery, Albuquerque; vice presidents, Dorothy Anderson, Santa Fe, and Julia Sundt, Las Vegas; secretary, Mary P. Wight, Albuquerque; treasurer, Sister Frances de Chantel, Albuquerque; directors, Sister Regina Marie and Mrs. Muriel McKenzie.

New York: The twenty-seventh annual convention of the NEW YORK STATE NURSES' ASSOCIATION will be held October 23-25, in Brooklyn, headquarters to be Leverich Towers Hotel. A trip to Ellis Island and a bus ride from Brooklyn to the New Medical Center, with a sight-seeing trip through New York City, have been arranged for the student nurses.

Oregon: At the annual meeting of the Oregon League of Nursing Education, the following officers were elected: President, Mrs. Emma Jones; vice president, Sister Genevieve; secretary, Mary C. Campbell; treasurer, Lillian Pfanniger; directors, Pauline Knudson, Mrs. Belle Badley, and Louise Schneider, all of Portland.

Texas: A. Louise Dietrich, Executive Secretary of the Texas State Association, has resigned from that office. Miss Dietrich's resignation is effective in September, at which time she will have served five years.

Virginia: The twenty-eighth annual convention of the Graduate Nurses' Association of Virginia was held at the Jefferson Hotel, Richmond, May 22–24. The meeting was planned with the idea of showing just the things the state is doing from a nursing standpoint in education, in prevention of disease, and in meeting the problems peculiar to the profession. Carolyn Van Blarcom of New York, who gave an excellent address on "Maternal Welfare," dealing especially with the midwife question, and Ida Butler of the American Red Cross Nursing Service, who gave in a very clear and forceful way the methods of meeting the Red Cross questions in Virginia, were the only two outside speakers. The tremendous amount of work done in a public way to prevent sickness was emphasized in every session of the convention. Addresses were given by Dr. L. T. Royster, University of Virginia, Judge James H. Richs, Richmond, and Frank Bane, Commissioner of Public Welfare, Richmond. Louise Oates, Professor of Nursing, University of Virginia, gave in skeleton form some of the aims in view for that Department. The following are the officers: President, S. Virginia Thacker, Roanoke; secretary, Lily W. Walker, Danville; treasurer, Mrs. Jessie W. Faris, Richmond.

District and Alumnae News

Alabama: Dothan.—The *Nightingale*, published by the students of the Moody Hospital, is a handsome and attractive yearbook which will be prized by all associated with the hospital.

Connecticut: New Haven.—The Central Registry has inaugurated a new service, that of the nurse-housekeeper, not a trained nurse, but one who can give some care to an invalid and take charge of a home.

Delaware: Wilmington.—The Delaware Hospital Alumnae Association has held its last meeting until fall. The season has been most enjoyable, as the Program Committee has provided a good program for each meeting and the attendance has averaged twenty or more.

Georgia: Columbus.—The Fifth District held a Florence Nightingale celebration on May 10, which was a splendid success. The address was given by Dr. William Russell Owen. A tableau representing Florence Nightingale passing on her light to others was depicted by ten nurses in uniform with lighted candles. At a called meeting of the District, held on April 20, regulations for an official registry were decided upon.

Idaho: Pocatello.—Members of District 3 were entertained by the Sisters of Mercy of St. Anthony's Hospital, March 28. Dr. C. W. Pond gave an illustrated lecture on "Sinus Infection"; Mrs. R. H. Hunter spoke on the "Duties of a School Nurse."

Illinois: Chicago.—The Illinois Training School for Nurses had "Home-Coming Day" on June 14, with an inspection of the new buildings and an address by Laura R. Logan.

Indiana: Indianapolis.—The Indianapolis City Hospital Alumnae met on May 12. A new cap for the graduates and students has been designed and patented. An initial gift for an endowment fund, to be known as the City Hospital Nurses' Alumnae Endowment Fund, was made by Grace Cook, former registrar of the Central Directory. Plans for the growth of the Fund will be made later.

Iowa: Clinton.—Hospital Day was observed at the Jane Lamb Memorial Hospital, May 12, by the entertainment of 75 children and their mothers. **Dubuque.**—The regular meeting of District 3 was held May 7 at the Mercy Hospital. After the business meeting, a program commemorating the one hundred and eighth birthday of Florence Nightingale was given. A short discourse on the childhood life of Florence Nightingale was given by Miss Norton. Each member recited a Florence Nightingale quotation. **Iowa City.**—The regular meeting of District 5 was held at Mercy Hospital, May 25. The business session was followed by a talk on the "Fundamentals of the Nursing Profession" by Dr. Fitzpatrick.

Maine: Portland.—The quarterly meeting of the Western District Association was held at the Maine General Hospital, May 16. Frances Nason, nutrition worker of the State Department of Health, gave an address, "Nutrition in Relation to Health and Growth."

Michigan: Mary C. Wheeler, General Secretary of the State Association, visited the districts in the northern part of the state during April. **Detroit.**—Dr. May Ayres Burgess of the Grading Committee was a recent visitor in Detroit, and presented a most graphic story of what is happening to nurses and nursing, at a luncheon given at the Hotel Statler by the Central Bureau of Nursing. The guests at the luncheon included physicians, lay members of hospital boards, and hospital administrators. Mrs. Lystra E. Gretter was chairman of the meeting. The new addition to Harper Hospital has recently been opened. This will give accommodation to 600 patients, and it is greatly needed. **Marquette.**—The Marquette District held its annual meeting and luncheon at the Federation of Women's Clubrooms, June 11. Reports of the state meeting were given by Miss Pendill and Mrs. Johnson. The following officers were elected: President, Mrs. Martha Johnson, Ishpeming; vice president, Hilda Carlson, Marquette; secretary, Hazel Gottschalk; treasurer, Ina Arkins. **Saginaw.**—The Saginaw District met on May 10, at the Y. W. C. A., and after the business session enjoyed an address by Mary C. Wheeler, General Secretary of the State Association.

Minnesota: Litchfield.—The Litchfield Hospital Alumnae Association at its annual meeting, held May 16, elected the following officers: President, Clara Neidermeir; vice president, Florence R. Johnson; secretary-treasurer, Ruth A. Habnke.

Missouri: St. Louis.—The St. Louis League of Nursing Education held its April meeting at Mullanphy Hospital. Grace Gray, Superintendent of Jewish Hospital School of Nursing, discussed the Report of the Grading Committee. The Tuesd District met at the Clubhouse in May. Jeanett Flanagan, Secretary of the State Board, explained the plan which is under consideration by the State Association, for introducing hourly nursing into rural districts of Missouri.

Nebraska: Lincoln.—A service in commemoration of Florence Nightingale was held in the Holy Trinity Church, May 13. Superintendents from three schools brought their students from forty to nearly fifty-six miles for the service. The church was crowded to capacity. There were about two hundred and thirty nurses in uniform.

New Jersey: East Orange.—The class of 1903, Orange Memorial Hospital, had a 25th anniversary dinner on May 19. Ten of the original twenty-two members were present, and information was at hand for all but two of those absent. **Morristown.**—The Morristown Memorial Hospital Alumnae held its annual meeting recently and elected: President, Florence Savage; vice president, Agnes Reuter; secretary, Caroline Ammerman; corresponding secretary, Anne Hally; treasurer, Mrs. John Romain. This was the last meeting for the summer.

New York: Amsterdam.—The Amsterdam City Hospital Alumnae Association, at a dinner held to welcome the new graduates, had addresses by Edith Atkins, on "Ethics," and by Carolyn Gray of New York. **Brooklyn.**—A Correction: The item published in the May *Journal* did not give accurately the name of "The Nurses' Club of Brooklyn, Inc." In selling stock for the new clubhouse, it is necessary that the correct title be used. **New York.**—On May 13 the nurses of New York City, for the fourth consecutive year, held a memorial service for Florence Nightingale and nurses who had died in service. More than 1,500 student and graduate nurses in uniform filled the church with a pageant that was profoundly impressive. Practically all of the schools of the city were represented by faculty and students. The Spanish American War nurses and the American Legion were suitably represented. Henry Street Nursing Service, nurses from Teachers College in cap and gown, and nurses in the ever impressive and colorful uniforms of the Red Cross Nursing Service added each its particular note to the spectacle. Addresses were made by Bishop Manning and by Dr. Frederick Bertrand Robinson, President of the College of the City of New York. **Rochester.**—The League of Nursing Education met at the Clubhouse on May 22. A report of the institute recently held at Schenectady was given, and Helen Wood spoke on the work of the Committee on the Grading of Nursing Schools. The annual meeting of the Genesee Valley Nurses' Association was held at the Clubhouse, May 28, electing the following officers: President, Katherine G. Kinnaird; secretary, Elizabeth Copeland; treasurer, Emily Dimagan; directors, Lucy Bayley, and Elizabeth Frost. **Utica.**—District 7 held a meeting, on May 10, at which

about 200 members and student nurses gathered to hear Caroline Garnsey, Executive Secretary of the State Association. The members were invited by Dr. Bernstein to attend a clinic at the Rome State School on May 23. A MEMORIAL SERVICE was held at the Colonial Theatre, May 13, to honor the memory of Florence Nightingale and all nurses who have given their lives in line of duty. Four hundred nurses in uniform filled the body of the theatre. The speaker was Professor J. Howard Howson, Department of Ethics, Hamilton College. His subject was "The Spirit of the Pioneer in Nursing." In one of the boxes was the family of W. W. Nightingale, descendants of Florence Nightingale's family. As each of the twelve names honored was called by Dr. Alfred E. Alton of Colgate University, some one appointed responded, "Here for her." When Florence Nightingale's name was called, a probationer from one of the schools came forward with a lighted lamp which burned throughout the service.

North Carolina: Rocky Mount.—WILSON DISTRICT, DISTRICT 8, held a regular meeting with 24 members and guests present. Excellent papers were read by Dr. A. L. Daughtridge and Miss Kiel. The next meeting will be held the second Tuesday in October. **Winston-Salem.**—DISTRICT 3 held five monthly meetings this year, with an average attendance of twenty-five. Two projects for increasing the Nurses' Club House Fund have been adopted, one a bazaar to be held in the fall, the other a gift of money by each nurse equivalent to a day's work. The programs for the meetings were instructive and interesting and included the following lectures: "Obstetrics," by Dr. Edgar Benbow, "Anesthesia and Its Effect on Body Tissue," by Dr. Claude Ashburn, and "Orthopedic Surgery," by Dr. R. A. Moore.

Oregon: Portland.—The ALUMNAE of the GOOD SAMARITAN HOSPITAL are working to raise an endowment of $20,000 for a room in the hospital for the use of members of the Association.

Pennsylvania: Danville.—The regular meeting of DISTRICT 3 was held May 10, at the Geisinger Memorial Hospital. The attendance was unusually large, 111 members being present. After the regular business, a tour of inspection was made through the hospital. The September meeting will be held at the Robert Packer Hospital, Sayre. **Pittsburgh.**—MERCY HOSPITAL has adopted group insurance for the benefit of its employes. Graduates of the PITTSBURGH TRAINING SCHOOL of the Homeopathic Hospital who served in the World War are asked to notify the Secretary of the Alumnae Association, Olive S. Barnett, 1131 Greenfield Avenue. **Scranton.**—The WEST SIDE HOSPITAL celebrated Hospital Day in a unique manner by announcing at the commencement exercises a $500 scholarship for the student who desires to continue her study.

Tennessee: Knoxville.—The KNOXVILLE REGISTERED NURSES' ASSOCIATION held a meeting on May 10, to which the students of the schools in District 2 were invited. The students furnished the entertainment: "Educating Probationers," an amusing conversation; Report on Midwifery in Leslie County, Ky., Ruth Jones.

Virginia: Harrisonburg.—The regular meeting of the ALUMNAE ASSOCIATION of the ROCKINGHAM MEMORIAL HOSPITAL was held May 15, with a good attendance. Some points on Obstetrics were discussed. The officers are: President, Grace Orndorff; vice president, Mrs. Edith Sipe; secretary-treasurer, Mary Neff; corresponding secretary, Lena Showalter. At the April meeting, Dr. Wright gave a very beneficial talk on "Courage and Silence Are Golden." On May 3, Agnes Randolph gave a most interesting talk on "Public Health Nursing."

Washington: Aberdeen.—At a meeting of GRAY'S HARBOR COUNTY NURSES, held at St. Joseph's Hospital in May, plans for a new official registry were completed, and it is hoped soon to have it in operation with Mrs. Elisabeth Buck as registrar. Hourly nursing will be a feature of the work.

Wisconsin: Eau Claire.—DISTRICT 10 held its annual meeting, May 8, at the Sacred Heart Hospital. Officers are: President, Clara G. Lewis; vice presidents, Marie Benish, Tora C. Johnson; treasurer, M. MacLachlan; secretary, Marion Ollerist. A contribution of $185 was made to the Nurses' Relief Fund. **Milwaukee.**—The alumnae of the MOUNT SINAI HOSPITAL SCHOOL OF NURSING had a meeting on April 10, at which Adda Eldredge spoke on "What the Committee on the Grading of Schools of Nursing Has Accomplished." A CORRECTION: An item in the May *Journal* referred to the Central Council of Nursing Agencies. This should read, The Central Council of Social Agencies. Oshkosh.—Student nurses of MERCY HOSPITAL have published their first yearbook, "Misericordia," which is a credit to the school and to its authors.

Deaths

Lillian Myers Arrighi (class of 1920, Christ's Hospital, Topeka, Kansas), at her home in Glen Elder, in April. Mrs. Arrighi had been doing private nursing in Denver.

Margaret Blue (graduate of St. Mary's Hospital, Detroit, Mich.), suddenly, on April 14. Miss Blue spent most of her years in the practice of her profession. She was well known for her many sterling qualities and had held many important offices in the state and district as well as in her Alumnae Association. Though physically handicapped, she was ever cheerful and always took a keen interest in the welfare of the profession. Her life was an example of true Christian charity and her memory will live long in the hearts of many. Burial took place at Niagara Falls, Ontario, Canada.

Clara Edith Bradford (class of 1907, Protestant Deaconess Hospital, Indianapolis, Ind.), on March 8, at Orlando, Fla., after an illness of five days with intestinal obstruction. Burial was at Bloomington, Ind. Miss Bradford has lived in Orlando for several years. She was a faithful member of the *Journal* family.

Edna M. Buck (class of 1919, Woman's Hospital, Philadelphia, Pa.), on April 18, at the hospital.

Mrs. A. R. Johnson (JEAN DOUGLAS, class of 1901, Passaic General Hospital, Passaic, N. J.), on April 10, at her home in Pueblo, Colo.

Laura G. Meader (class of 1910, Massachusetts Homeopathic Hospital, Boston, Mass.), on June 1, suddenly. Miss Meader had been at the head of the Training School of the Grace Hospital, Detroit, Mich., for eight years. From 1914 to 1918, she was Assistant Directress of Nurses and, the intervening time, Directress of Nurses of the Presbyterian Hospital of Pittsburgh.

Lavinia M. Rabolt (class of 1908, Woman's Hospital, Philadelphia, Pa.), on September 14, 1927, at the hospital.

Ellen V. Robinson (class of 1901, Illinois Training School for Nurses, Chicago, Ill.), on May 26, of heart failure, at the sanitarium in California, where she had been a patient for two years. Miss Robinson was a warm-hearted, friendly woman, a private duty nurse until she suffered an accident which resulted in the loss of many of her fingers. With great courage she learned to use her hands, crippled though they were, and was able to take positions where she could partly support herself, until incapacitated by mental illness.

Susan Young (class of 1917, Morristown Memorial Hospital, Morristown, N. J.), on June 9, at her home in Washington, N. J., after a long illness. Miss Young was a quiet but most interested member of her Alumnae Association, one whose gentleness and thoughtfulness endeared her to all.

What Is Dying?

I AM standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength and I stand and watch her until at length she hangs like a speck of white cloud just where the sea and sky come down to mingle with each other. Then some one at my side says: "There! She's gone."

Gone where? Gone from my sight—that is all. She is just as large in mast and hull and spar as she was when she left my side, and just as able to bear her load of living freight to the place of destination. Her diminished size is in me, not in her; and just at the moment when some one at my side says, "There! She's gone," there are other eyes watching her coming, and other voices ready to take up the glad shout, "There she comes!"

And that is dying.—Author unknown.

About Books

Readings in Educational Psychology. By Skinner, Gast and Skinner. D. Appleton and Company, New York. Price, $3.75.

A SOURCE book containing essential material gleaned from a wide variety of the best sources that contribute to the leading scientific thought in educational psychology.

As a reference book to supplement a textbook, it is invaluable. In this single volume is presented a collection of conclusions that have been reached by representative outstanding teachers of psychology and education. The reading of references is greatly facilitated by having the points that bear directly on the subject under discussion, all organized in one chapter. Thus the broadening influence, of reading what has been said pro and con about the basic principles of psychology in relation to education, is gained in a comparatively short time.

Primarily the aim of the book, as stated by the authors in the preface, is to present "source material that is essential to a well-rounded course." The editors of the book are all very closely connected with the problems of education as teachers and should be in a position to know just what the most important needs of a student should be in this field.

The material selected is of the best obtainable and contains that which is not only an introduction but also an explanation of the most important problems that concern educational psychology.

The table of contents reveals such names as E. L. Thorndike, W. C. Bagley, John Dewey, William James, W. H. Kilpatrick, R. S. Woodworth, J. B. Watson, L. M. Terman and many others familiarly associated with education and psychology.

There are just enough ideas brought out, through a description of the scientific method used in obtaining an accurate conclusion, to explain how that branch of science works. It is sure to appeal to those desiring a little broader information than a textbook may offer, and as it is a collection of opinions of the best contemporary authorities, it will very likely provide material not found in older editions of psychologies.

Each chapter treats of a certain subject which is outlined in the table of contents, with a corresponding list of the authors from whom the quotations are derived.

Chapter VIII deals with emotions, feelings and attitudes and presents material that is very important to the nurse of today. It explains much that will be personally valuable and will act as a foundation of material for a study of mental hygiene. This chapter alone would make the book a valuable acquisition for the training school library, but there are other chapters that are of equal importance.

Chapter XVI includes contributions to the laws of attention, interest and motivation. As in the other chapters the paragraphs that define come first, then follow discussions from various points of view, finally methods of acquiring them as a part of one's own character. It should be a very great help to the nurse in directing her own present and future interests.

The following chapter, "Play and the Play Spirit in Education," includes material for lessons on physical and mental hygiene.

Then there is Chapter XX on "Mental Work and Fatigue," and

Chapter XXII on "Mental Hygiene" that are additional outstanding contributions to a study of these subjects.

The glossary to the book acts as a complete dictionary of psychological terms.

Finally the index enables one to locate a term, or one of the many contributors to this highly informative book. It is best of all a book that appeals to the general reader as well, selecting as it does those items of interest to any one interested in methods of education and the study of human beings.

MARY E. STEHMAN, R.N.
New York.

PHYSIOLOGY AND BIOCHEMISTRY IN MODERN MEDICINE. By J. J. Macleod, assisted by R. G. Pearce, A. C. Redfield, N. B. Taylor and J. M. Olmsted. Fifth edition. 1,031 pages. 291 figures. The C. V. Mosby Company, St. Louis, Mo. Price, $11.

TO those familiar with the previous editions of this book, the present edition needs no further introduction. The purpose of this volume is to serve as a supplement to those texts in physiology and biochemistry available to the medical student, special emphasis being laid upon the application of these subjects in routine medicine. In attempting to fulfil this mission, the author has deemed it essential to first take up the fundamentals of the subject, giving the physical and physiochemical principles upon which so large a part of physiological knowledge depends. This section is followed by sections on blood and lymph, the neuromuscular system, the special senses, circulation of the blood, respiration, digestion, the excretion of urine, metabolism, and endocrine organs. The present edition has been expanded to include special chapters on the physiology of the special senses, as well as chapters on nerve-muscle physiology. Other chapters, such as those on blood, respiration, ductless glands, and the metabolism of carbohydrates, have been practically rewritten. The other parts of the text have been thoroughly revised to bring the subject matter in line with recent advances. The subject matter throughout has been treated in an exhaustive manner. While the bibliography is not complete, the references cited are pertinent to the subject. Although this volume will be of interest to the nurse as a reference text, it is written primarily for the physician, the physiologist, and the biochemist. The appearance of a fifth edition of this volume, in seven years, is somewhat of an index of the popularity and general excellence of Dr. Macleod's work.

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Wisconsin.

HANDBOOK ON DIET. By Eugene E. Marcovici, M.D. 323 pages. F. A. Davis Company, Philadelphia. Price, $3.50.

THE "Handbook on Diet" might well bear the title "Handy Book on Diet." The three important controls in dietetics are the purchase of the raw materials, the preparation of these materials, and the serving of the same, and we find that this book covers two of these three important subjects.

The first chapter, on the "Dietetic Task in the Kitchen," has much more material covering the preparation of food than is usually found in a book using food for the treatment of medical cases. The recognition of the importance of the preparation of food, as given in this chapter, shows the breadth of conception which the author has of

dietetics. In this chapter is shown the relationship of the preparation of foods to their therapeutic value.

Every chapter, and every subject in each chapter, is worth much consideration, as the material given is important, is based on scientific principles and accuracy, and is expressed in practical terms which have not lost their professional flavor in becoming simplified.

A great variety of diets is given in Chapters 5, 6, and 7, covering the treatment for many diseases which we rarely see in this country. Yet it is very important to have the knowledge at hand when the unusual case occurs.

The book is one which every nurse should have and is equally important to others who are responsible for the preparation, calculation, or serving of a diet as therapeutic treatment.

BERTHA M. WOOD.

East Northfield, Mass.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Vol XIII. Part One, Physical Reconstruction and Vocational Education, by Maj. A. G. Crane, S.C. Part Two, The Army Nurse Corps, by Maj. Julia C. Stimson. 998 pages. Illustrated. U. S. Government Printing Office, Washington, D. C. Price, $3.

SIXTY-THREE pages of this volume are occupied by a succinct and entirely impersonal account of the Army Nurse Corps in the World War. Some of the subheadings in the first chapter are Organization, Expansion, Distribution, Status, Pay, Privileges, Mobilization and Transportation Overseas, Disposition of Nurses Returning from Overseas, Casualties.

A chapter is devoted to American nurses with the British Expeditionary Forces in France. The subheadings are: Plan for Supplying Personnel, Nursing Conditions in France with the B. E. F., Living Conditions, Casualties.

A third chapter describes the Relationship of American Red Cross Headquarters in Paris and the Army Nurse Corps. The subheadings are Bureau of Nursing, American Red Cross Equipment Bureau, Rest and Convalescent Homes.

In Chapter IV the topic is "In the American Expeditionary Forces," and again the subheadings are on organization and the like, with Problems of Chief Nurses, Living Conditions and Disposition of Nurses After the Armistice, taking prominent place.

The book is an extremely valuable addition to the literature of our profession.



AT Louisville a large hand-colored chart entitled "Milestones of Public Health in America" attracted much favorable attention. The chart is 40" x 67" and illustrates in ten colors, fifty important dates and developments in public health progress. The chart sells for $10 unmounted, and for $12.50, mounted on a spring roller so that it can be rolled up out of the way when it is not in use. With every chart a list of 172 important public health events is furnished, which is in effect a summary of the entire public health movement. The list and the chart together form the basis for a comprehensive public health lecture. The American Public Health Association, 370 Seventh Avenue, New York City, issues this excellent material.



A CORRECTION.—"Couriers of Mercy," reviewed in the June *Journal*, page 636, sells for $1.50, instead of $5, as stated.

Some Other Books Worth Reading

By Isabel Ely Lord

"THE Charm of Birds," by Viscount Grey of Falloden (Stokes, $3.00), is just the book to keep by one in the summer days, and all through the year, for that matter. It is not a scientific treatise, and of course it deals only with British birds, and even then only with those seen near Lord Grey's own home and haunts, but these notes of a bird-lover may well stimulate anyone to similar adventures in birdland, for which nothing but the desire, a good field glass (or even an opera glass) and a recording notebook are necessary. For a summer holiday this book and one on the birds of the region where you are to be (with pictures for identification purposes) will together make your holiday rich and full of abiding pleasures. The National Association of Audubon Societies, 1974 Broadway, New York, will give you any amount of helpful information.

Along with Charles Lindbergh's "We" (Putnam, $2.50), which presumably everyone has read, should go Commander Byrd's "Skyward" (Putnam, $3.50). It is not only the book of a skilful aviator, but that of a fine sportsman and a man of unusual pluck. There is much about the technic of flying, but the thrilling part of the tale is that of the difficulties to be met and overcome. When Byrd starts for the South Pole you will want to have the background of his story as told here, while you watch the reports of his progress.

If you have read the unpleasant and much-talked-of "Mother India," by Katherine Mayo, you must in the interest of fairness read Dhan Gopal Mukerji's reply to it, "A Son of Mother India Answers" (Dutton, $1.50). It is written with great restraint, without any of the bitterness that Miss Mayo's book has aroused in many an Indian bosom. The rights of such a controversy are difficult for the rest of us to decide, but certainly India has one fine son in Mukerji.

"Gallion's Reach," by H. B. Tomlinson, has attained the enviable position of a best seller and has also won the praise of all the critics. It is sometimes called a tale of adventure, and of course it is, but that is not the side which appeals to most who read. It is sheer romance, expressing itself in the life of a commonplace (?) English clerk, and when one has finished it, one finds one's own "evaluation" of life just a little different because of it. And a book that does that has something of greatness in it.

Sometimes amid the abundance of psychological, not to say psychiatrical, novels, one longs for a good old-fashioned love story. Here is one in Temple Bailey's "Wallflowers" (Penn Publishing Co., $2.00). The setting is modern Washington, the two heroines, twin Virginians of the F. F. V's. One is modern enough to become assistant in a shop, but she leaves happily at the end of the book, to enter with her twin on the proper life for a princess.

A Few Books on the Open Road

Belloc, Hilaire. The path to Rome. Putnam, $1.50.

Davies, W. H. The Autobiography of a Supertramp. Knopf, $1.25.

Graham, Stephen. The Gentle Art of Tramping. Appleton, $2.50.

Lucas, E. V. compiler. The Open Road: a Little Book for Wayfarers. Holt, $2.00.

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